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PROCEEDINGS

OF THE

CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

1866. January 13. *Gonorrhœa Complicated with Urethral Chancre.*

—The following case of this was reported by Dr. S. J. Todd:—

On the 23d of January, 1865, I was consulted in my office by Mr. A—, an Englishman, æt. 27, married, and printer by trade, for an attack of gonorrhœa of two weeks' standing. Had been under no regular treatment, but had taken mixtures containing copaiba, cubeb, &c., and had used injections, but without benefit. On examination all the symptoms of gonorrhœa were found, but no abrasion or lesion existed on the glans or prepuce. Ordered saline cathartic, rest in the horizontal position, and a low diet. Before leaving he told me he thought he had given the disease to his wife, as he had had connection with her before he knew the nature of his complaint. 24th. No pain in micturition; prescribed copaiba in capsules, as his stomach was irritable. Says his wife has a discharge, and complains of heat and burning when she voids her urine. She refused to be examined or to consult a physician, but took the same medicine as her husband throughout the treatment. Both cases were apparently doing well, when, on the 22d of February, three weeks from the time he first came under my notice, and five weeks after the impure intercourse, he called my attention to a bubo situated in the right groin; the glands in the left being indurated and enlarged; the discharge was less copious and more watery. He assured me that he had not had intercourse with any female since he had been under my charge, nor had he ever had any venereal disease; which statements I believed, for he had been confined to his room most of the time on account of the severity of the symptoms, and no cicatrix or any evidences of a previously existing ulcer could be found. I considered the bubo as sympathetic, and advised the external use of the tincture of iodine and absolute quiet. At the next visit, in examining carefully the preputial folds, for I still suspected the presence of an ulcer, I noticed a hard, firm tumour, the size of a bean, in the urethra, about an inch and three-quarters from the meatus. I concluded I had found a urethral chancre which was the cause of the indolent bubo and the indurated ganglia, and prescribed a mercurial plan of treatment. On the 25th of February my diagnosis was confirmed, for a syphilitic erythema made its appearance on the upper part of the body, particularly well marked on the palmar surface of the forearms and at the bend of the elbows. He informed me his wife had induration of the inguinal glands and swellings behind her ears. The history of this case

ceases at this point, as the patient was suddenly called from the city, and I have not heard of him since.

March 10. Pseudo-Membranous Croup, and a Case of Diphtheria, with Tracheotomy.—Dr. D. W. PRENTISS reported the following cases:—

January 27th, 1866, I was called to see the child of Mr. K., a little girl one year old. At this date she had all the symptoms of ordinary catarrh, with an exacerbation of fever each morning. The fauces and pharynx were slightly red, and a very little swollen, but there was neither difficulty in breathing nor swallowing. She had had whooping-cough during the winter, the remains of which still lingered, two or three mild paroxysms occurring in the course of twenty-four hours, one of which seized her during my visit, so that I had an opportunity of noticing that the cough had not the hoarse, ringing sound of croup. Ordered an expectorant, containing a small quantity of hydrocyanic acid.

On the following day the patient was not so well; had had an attack of dyspnœa during the night, and, at the time of visit, some difficulty of breathing still remained. The throat was about in the same condition as the day previous, perhaps a little more swollen; no appearance of false membrane. Attempted to auscultate the chest, but failed on account of the child's cries and struggles. No febrile disturbance or loss of appetite. Fearing diphtheria, which was prevailing, tincture of chloride of iron, and chlorate of potash were added to the prescription.

January 29th, patient worse, the dyspnœa being more marked than yesterday, with "croupy" cough; the distress constant, the child no longer showing interest in its playthings; thirst urgent; pulse quick, but not feeble; tongue clean at edges, and coated with white fur in centre and far back; appetite apparently good, and swallowing unimpaired, although she cannot take the breast on account of the nostril being occluded by mucus. Throat about the same; no false membrane visible. Ordered emetic of compound syrup of squill 3ss doses every two hours until dyspnœa is relieved. Iron and potash mixture continued.

January 30th, condition of patient worse in every respect. Had a decided "attack of croup" during the night; breathing loud and snoring; head thrown back, and chest forward, to assist in respiration; child drowsy, and expression of face anxious. No false membrane on fauces or tonsils. The first dose of compound syrup of squill produced vomiting, with temporary relief; subsequent doses only induced nausea. Ordered iron mixture to be discontinued. To be taken every fifteen minutes until free emesis, one-eighth grain tartar emetic; one-sixth grain of calomel every two hours, and flannel band around abdomen, on which to be rubbed ʒj mercurial ointment. At evening visit patient still worse; tartar emetic had not produced emesis, although two grains were taken; the calomel had caused free bilious stools. The dyspnœa was now more distressing, and the whole condition less favourable than in the morning. I administered $\frac{1}{4}$ gr. doses of tartar emetic at short intervals, remaining myself to watch the effect; but no vomiting followed. Next ʒj doses of powdered alum in molasses every fifteen minutes until four doses were taken, causing slight emesis. This seemed to give relief, and orders were left to repeat if necessary.

January 31st (2 o'clock A. M.), was called up in the night on account of a more severe attack of dyspnœa than any preceding. By the time of my arrival it had passed over, but she was evidently worse than before.

The alum had been repeated without any effect. Sulphate of zinc was ordered every half hour, in 10-grain doses, with the hope of dislodging the false membrane.

12 o'clock M. no change for the better; the sulphate of zinc failed to act after the first dose. On examining the throat, patches of false membrane were discovered for the first time. The dyspnoea had increased to such an extent that the child's whole attention was occupied with the function of respiration. Ordered permanganate of potash in solution internally, and apply locally a strong solution of nitrate of silver (40 grs. to f $\overline{3}$ j). Sulphate of copper in 1-grain doses was given as emetic, and a blister 2½ by 1 inch applied to front of larynx. Wine and beef-tea to support the strength, which had not until now begun to flag.

From this date, January 31st, the patient continued steadily to grow worse, until February 3d, when a convulsion occurred; another took place during the night—the forerunner of death, which closed the scene on the morning of the 4th. On the evening of the 3d, however, at the request of the family, another physician was called in consultation, and by his advice ten grains of turpeth mineral (sulphate of mercury) were ordered in four doses, all of which were administered without effect.

Three points connected with this case are interesting and worthy of notice, viz: 1. The obscurity of the diagnosis; 2. The insusceptibility of the patient to the action of remedies; and, 3. The steady approach of the fatal result. In regard to the first of these it will be noticed that *membranous croup* was diagnosed, and also that three days elapsed before a definite opinion was formed. The diagnosis between *diphtheria* and *pseudo-membranous croup* would seem to be simple enough, if text-books are taken as the guide, and so indeed it *may* be, if well-marked cases of each are before the observer. But when rules come to be applied to *practice*, where every gradation, from well-defined examples of either down to cases in which both seem intimately blended, is found, it is a matter which requires careful thought and some experience to determine the true character of the disease, and apply the proper remedy. In the case under consideration, the previous existence of *pertussis*, the remains of which still lingered, complicated the diagnosis in the commencement, for an intercurrent attack of catarrh is by no means unusual in this latter affection. The dyspnoea, also, occurring the night after the first visit, and the slight redness of the fauces noticed the next morning, might naturally have been attributed to the same cause. The peculiar hoarse cough, however, did not occur until the third day, when, for the first time, signs of constitutional disturbance began to manifest themselves. This condition continuing to grow worse, false membrane was discovered upon the tonsils and fauces on the fifth day; but still there was no flagging of the pulse, no prostration of the strength, and but little loss of appetite. The insufficient aëration of the blood, in consequence of the obstruction to the air-passages, now began to produce its legitimate results. The pulse became very frequent and feeble, the face dusky and somewhat swollen, the skin hot and pungent, the mind dull, and the whole system prostrated. The patient's condition was precisely similar to that of the one on which tracheotomy was performed for *diphtheria*, to which reference will be presently made. Up to the fifth day, then, the case bore, in a marked degree, the impress of *true croup*; after that day, it had emphatically all the characteristics of a bad case of *diphtheria*. The value of this latter fact, in relation to the original diagnosis, is a very important

consideration: Whether the blood-poison, from a want of proper respiration, furnishes sufficient explanation of the change in the form of the disease towards the last; or whether it is necessary to suppose a specific blood-poison, as is acknowledged to exist in diphtheria, to account for the almost identity of the advanced stages of the two diseases in question. The former of these hypotheses accords with the generally received opinion that the diseases are essentially distinct; while the latter hypothesis, if accepted, favours Trousseau's views, that the affections known as *pseudo-membranous croup* and *diphtheria* are one and the same. The discussion of the different views are left open to the Society.

The second point that has been mentioned as interesting, is the insusceptibility of the patient to the action of remedies. In regard to this, it is only wished to record the fact. The medicines given to produce emesis were finally increased to the full dose for adults without having any effect. The wine and beef-tea were administered with no better result; the calomel only acted on the liver and bowels.

The third point, namely, the steady approach of the fatal result, seems to depend somewhat upon the facts last stated, for we know how little hope there is in a disease with such slight tendency to favourable termination as *pseudo-membranous croup*, if the case be seen so late that remedial agents cease to produce their legitimate results. The same principle applies, whether the patient be seen late or early, if our therapeutics prove to be of no avail. In this instance, the change for the worse was perceptible day by day—and, indeed, one might say, hour by hour; the unfavourable progress was so regular in its course.

As regards the treatment pursued but little need be said; it was such as seemed to be indicated by the nature of the disease and the symptoms. The *blister* was applied as a last resort, when all else seemed to fail, and apparently, for a few hours, gave more relief than any other remedy used. We are aware of the objections to blisters in young children, but where life is in immediate danger, we can afford to anticipate some trouble in the healing, if the *life* is only preserved.

One other point remains to be noticed in connection with the treatment, and that is *tracheotomy*. Why was this not performed? For three reasons, viz: 1. The disease had extended into the bronchial tubes; 2. The age of the child; and, 3. The seeming barbarity of the operation on a helpless infant already doomed to death. In narrating symptoms, an attempt and failure to auscultate the chest at the first visit was mentioned; as the affection advanced, however, and the little patient became listless, this was accomplished, and the larger bronchi found obstructed, and the lungs congested. The chance of success from opening the trachea, in this state of things, was very small.

Of the second reason—this child was just one year old. Referring to this point in his late work, entitled *Medical Clinic of the Hôtel Dieu*, Trousseau says: "It (tracheotomy) is less likely to prove successful in adults than in children, for reasons already given; *in infants it offers but little chance for saving life; the author has seen but two successful cases under two years of age—one at thirteen months, and the other at only six days less than two years.*" This comes from a physician who has performed the operation in this disease and diphtheria more than two hundred times, with success in more than one-fourth the cases.

As to the third reason, it is not one which should deter us where there is a reasonable hope of success, but only a circumstance that may very

properly have its influence in determining the question when it is of doubtful propriety.

Diphtheria and Tracheotomy.—I was called by Dr. N. S. Lincoln, on the 30th of November, 1865, to assist in performing tracheotomy in a case of diphtheria. The patient, a boy aged six years, of delicate constitution, had been taken sick November 24, with slight sore-throat; but the physician was not sent for until the 26th, when diphtheria was developed. The treatment of tincture of chloride of iron, chlorate of potash, and permanganate of potash, was ordered with no apparent good effect. The constitutional disturbance became more marked; the diphtheritic membrane increased, and extended downwards; and the respiration became seriously impaired. The patient continued to grow worse until the afternoon of November 30, when suffocation was imminent, and it was determined to operate for the possible chance of prolonging life until nature could throw off the disease. The case was explained to the family, and, with their consent, Dr. L. operated at half-past four o'clock P. M. An incision, about two inches in length, was made in the median line downwards from the larynx, the skin dissected back, the muscles separated by the handle of the scalpel, and the trachea exposed just below the cricoid cartilage. A very free flow of dark-coloured blood followed a slight incision to enlarge the wound, apparently coming from the thyroid body. It was controlled by a ligature. A circular piece of the tracheal ring was cut out, and the wound kept open by wire hooks attached to an elastic band passing around the neck. A piece of false membrane was extracted from the opening, and the operation was complete. Relief was instantaneous; the breathing became gentle and natural; the sense of suffocation and distress was gone, and the patient dropped into a quiet sleep. A gauze veil was thrown over the opening, and the patient returned to bed. The amount of blood lost was about two ounces. The breathing continued good for three hours, when mucus accumulating in the air-passages, excited a troublesome cough. At 3 o'clock A. M. the physical signs of pneumonia were developed, the dyspnoea again became marked, and the little sufferer died at 4 o'clock P. M. the same day—twenty-four hours after the operation was performed.

The reason of the operation not proving successful was self-evident—the membranous deposit extended down the trachea below the point opened, and also probably into the bronchi. The development of pneumonia is the most common complication of this disease, and was therefore not unlooked for; but remedial agents were of no avail.

It is an interesting question in this case, whether if the operation had been performed earlier, the result might not have been more favourable? Also whether it would have been justifiable so long as any hope of relief, by less heroic measures, remained?

During the discussion which followed the reading of the case, Dr. Wm. Lee mentioned a case of tracheotomy for croup which came under his observation at Smallpox Hospital, Blackwell's Island, New York. Child, eighteen months' old, was placed, after the operation, in a closed bed, where the atmosphere was kept moist by a jet of steam. Patient lived three days, and was in a fair way to recover, when, by an accident, the bed was set on fire, and the child had to be removed to a cold room, which proved fatal.

Dr. H. P. Middleton, speaking of the insusceptibility of the first of these patients to the action of remedies, called attention to the same fact,

as characterizing the case previously reported by himself to the Society. (*Proc. Clinico-Path. Soc. of Washington, D. C., Am. Journ. of Med. Sciences*, Jan. 1868.)

May 5. *On the Causes of Alopecia and of its Greater Frequency in Males than Females.*—Dr. A. F. A. KING, after referring to the statement of Wilson (*On Diseases of the Skin*, 3d edit., pp. 608, 609) that the cause of alopecia occurring in persons of advanced years was to be “sought for in an impediment to circulation through the textures of the scalp of the upper part of the head,” presented some remarks endeavouring to establish the proposition *that the impediment to the circulation referred to was due to compression—either partial or complete—of the arteries supplying the scalp by pressure of tight-fitting hats.* The vessels were compressed, and, consequently, the amount of blood flowing through them diminished by the impinging of a hard hat-rim upon the resisting protuberances of the cranium.

In support of this proposition Dr. King mainly relied upon the greater frequency with which the disease occurred in males than females, hats being worn as a general rule only by the former. Those worn by women did not come low enough on the sides of the head to compress the arteries, but rather rested on the top secured by strings. Moreover, men being more in the open air wore their hats during a longer period than females. If the idea of Wilson was correct that this difference between the sexes depended upon a larger quantity of adipose tissue being situated beneath the integument of the scalp in the female, whereby a more easy and unimpeded transit was afforded for the minute vessels to the capillary plexus of the derma, it might still be a question whether the extra amount of fat *itself* in women was not dependent upon the same freedom of circulation in the scalp which secured them a better supply of hair.

Dr. K. next referred to Fig. 209 of *Gray's Anatomy* (2d Am. edit., p. 374), and showed how a line drawn across it, representing the hat-rim, would strike the branches of the anterior temporal arteries over the frontal protuberances, the region where the hat pressure was most severe. It would also compress the posterior temporals at or near the parietal ridges, and the occipitals in the same way behind. The reason why baldness occurred in different localities in different individuals was, probably, due to a difference in the shape of the head. A long skull, where the hat pressure would be most exerted on the forehead (and, consequently, on the anterior temporal arteries) and occiput, would lose its hair soonest from the top and anterior portion; and, probably, also to some extent low down behind from pressure of the occipital artery. This last vessel, however, does not contribute very much to the circulation on the top of the scalp. When a patch of baldness exists about the vertex we might expect to find a *wide* head, the posterior temporal arteries, which supply the locality referred to, being compressed against the parietal bones. The little tuft or island of hair so often observed, left by itself on the top of the forehead, was nourished by the two supra-orbital arteries, these vessels having escaped hat pressure by passing over the forehead in the slight concavity between the two frontal eminences.

To say that the pressure of a tight-fitting hat exerts *no* influence upon capillary circulation in the scalp is unreasonable. In the absence of a bandage, in a case of hemorrhage from a wounded branch of the temporal artery, how could we better arrest the bleeding than by placing on the

patient a close-fitting hat, a compress being adjusted under its rim immediately over the trunk of the vessel!

Below the hat-rim, where the circulation is not impeded, we invariably find the hair to remain good, though the top of the head may, at the same time, be entirely bald.

In many cases of alopecia where all recognized causes of the disease are from the circumstances of the case excluded, there is no other plausible way of accounting for the disease than by the deranged circulation occasioned by pressure upon the arteries.

In conclusion, Dr. K. recommended as a prophylactic measure the manufacture of hats made so as to embrace the head at points or surfaces where no considerable vessel would be compressed, or hats made to order for each individual might be arranged with a notch or semi-circular concavity in the rim over the spot of skin under which the artery passed.

If the anatomy of the part was explained to intelligent hat-makers, it is probable some one of them might devise a modification of the present form of hat which would be less destructive to the hair.

The cost of such an innovation to consumers would hardly exceed that annually expended in the purchase of quack nostrums in the form of "hair restoratives."

May 12. Hemorrhage following Abortion, treated by Injections of Persulphate of Iron into the Cavity of the Uterus.—Dr. C. M. FORD related the following case:—

Mrs. F., Irish, aged 28, plethoric habit; had a miscarriage at three months on the night of March 23. Saw her for the first time the next morning, when the following symptoms were presented: Face pale; pulse 120, and weak; tongue very pale; extremities cold; complains of severe pain in the back; no urine passed for twenty-four hours; bowels had been opened during night. Digital examination discovered the vagina to be filled with coagula; os uteri dilated sufficiently to admit index finger; placenta found still adherent to uterine walls, but could not be detached. The flooding, which still continued, had commenced twenty-four hours previously, and had now reduced the patient to a dangerous condition of debility. Drachm doses of tincture of ergot were administered, and cold applications made locally. This failing to control the hemorrhage, the tampon was applied, and stimulants ordered. At 3 o'clock P. M. the flooding was still considerable, notwithstanding the presence of the tampon; this latter was therefore removed, and the os uteri being found more dilated, the hand was introduced, and the most of the placenta removed—a small portion only, which could not be reached, remaining in the fundus. The pulse was now hardly perceptible. Ordered brandy and laudanum freely. The hemorrhage again commencing, a solution of one drachm of persulphate of iron to four ounces of water, was injected into the uterus through the long leaden tube belonging to Tiemann's universal syringe. The hemorrhage was immediately arrested, and did not again return. The remaining portion of the placenta came away without difficulty on the 27th, and convalescence was quickly established.

NOTE.—*Jan. 1, 1868*, Dr. Ford has treated three cases of uterine hemorrhage with astringent injections since reporting the above case. In two instances the flooding followed abortion; in the third, the trouble was menorrhagia. Solution of tincture of perchloride of iron, of the strength of $f\text{3j}$ to $f\text{3iij}$ of water, was employed instead of solution of persulphate, and in each case with the same encouraging result.

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1866. *June 9. Case of Sudden Delivery while at Stool.*—Dr. H. A. ROBBINS reported the following example of this:—

Mrs. —, wife of a soldier, arrived at Armory Square Hospital, on the eve of the 1st of June, 1863, after travelling day and night from the northern part of the State of New York. During the night Mrs. — visited the water-closet, when the pangs of labour came upon her, and before she could arise from the position she was in, the whole contents of the uterus had disappeared through the opening in the seat. Upon our arrival at the place, we could distinctly hear the cries of an infant in the drum, five feet below the surface of the earth. In the course of a few minutes the child was extracted from its filthy surroundings, and, much to our astonishment, the placenta and cord were found attached to it. The infant was a well-developed male child, weighing eight pounds. The mother was a small woman, with rather an unnaturally large, rigid pelvis. The hemorrhage was easily checked by cold applications. Mrs. — had given birth to two children prior to the birth of the one just reported; she stated that she had but little pain, and the deliveries were soon over.

June 23. Incised Wounds.—The following cases were reported by Dr. S. J. TODD as evidence of the inefficacy of the persulphate of iron as a styptic in arterial hemorrhage:—

CASE I. On the afternoon of June 11, 1866, I was called to see Wm. O'B., æt. 15, apprenticed to a coachmaker, who had sat down upon a crescent-shaped knife—used in this business to trim leather—wounding himself in the gluteal region. The messenger informed me that the hemorrhage had been very profuse, but had been arrested. On examination I found the injured part bandaged with coarse canvas, smeared with varnish, the blood dripping underneath, instead of soaking through. This being removed showed the wound which was half an inch in length and about two inches deep, immediately behind the left hip-joint. As the hemorrhage, which was from the bottom of the wound, was not controlled by ice and exposure to the air, the wound was plugged with lint saturated with sol. ferri persulph., and a firm compress and roller applied. The boy was placed in a wagon and sent to his home, where I visited him two hours afterwards with Dr. N. S. Lincoln. The bleeding continued, welling up between the plug and the wound, and hoping to secure the cut vessel, the wound was enlarged. The hemorrhage seemed to come from one of the small arteries about the articulation of the hip-joint; but our efforts to ligate it were unsuccessful, owing to its having retracted

beneath the muscles, and to the insufficient light. As the bleeding ceased by direct pressure on the head of the bone, the wound was again plugged with lint and the styptic and the pressure maintained by compresses and bandaging.

12th. 9 A. M. Bandage soiled and clotted from an oozing which had occurred two or three times during the night. Perfect quiet was enjoined and the dressing left undisturbed.

5 P. M. Hemorrhage had recurred several times during the day, but had ceased spontaneously.

13th. Bleeding continuing, it was decided in consultation to remove the dressing and enlarge the wound again, when the hemorrhage was found as copious as at first. In our efforts to ligate the vessel it was torn and lacerated and the hemorrhage ceased; a small artery, probably the distal extremity of the one wounded, from which there was some bleeding, was tied. The wound was left open and healed rapidly, water-dressings only being used. There was no recurrence of the hemorrhage.

CASE II. On the 21st August, 1864, I was called to Daniel W., æt. 16, who, two days before, had trodden upon a broken bottle and wounded the vessels of the sole of the foot. The wound had been dressed, but hemorrhage having recurred several times, I was sent for. Removing the dressing, I attempted to tie the cut ends of the artery, but the vessel had retracted beneath the muscles and fasciæ and could not be reached. I plugged the wound with lint and the persulphate of iron, and applied compresses and a roller. I was called twice the same day to arrest the bleeding, and, at the last visit, determined to ligate the posterior tibial, as the hemorrhage was from the plantar arch, and to apply a compress over the anterior tibial to prevent bleeding from the distal extremity of the cut vessel. This was done, and there was no recurrence of the hemorrhage.

CASE III. In September, 1864, I was called by a porter in a wine store who had cut the superficial palmar arch while bottling wine. As in the preceding case the artery had retracted and the wound was dressed with lint and the persulphate of iron and firmly bandaged, but with the same result as in the two cases just reported. In two hours I was again called, and took with me a medical friend who failed, as I had, to ligate the arteries in situ. We then cut down upon and tied the ulnar and placed a compress over the radial which entirely arrested the hemorrhage. Both wounds healed rapidly, and there was no recurrence of the bleeding.

October 6. *Case of Hydatids in Utero*.—Dr. C. M. FORD reported the following case:—

Mrs. S., mulatto, æt. 42 years, weight 200 pounds; plethoric; mother of thirteen children, of which nine are living. Menstruated regularly until November 1st, 1864, when suppression of the catamenia took place followed by enlargement of the breasts, morning sickness, and the accompanying signs of pregnancy.

February 1, 1865. Was called to see her, when she presented the following symptoms: Complained of constant nausea, faintness, and great exhaustion; sense of weight across the chest; palpitation of the heart; and dragging pains in the back, extending down the thighs. Pulse 100, weak and wiry; loss of appetite; tongue pale, but clean. Above the pubis could be felt a circumscribed swelling of the size of a pregnant uterus at about the term of five months. On making a vaginal examina-

tion, the os uteri was found to be slightly patulous, sufficiently so to admit of the index finger—both lips being indurated with a cartilaginous feel. Had been confined to her bed for the two weeks previous, suffering during that time from three discharges of bloody serum, and on the morning of my visit had a profuse discharge of the same character as the previous ones, except that it was but slightly tinged with blood. Ordered perfect rest, cooling drinks, light covering, and attention to diet; also, R.—Acid. sulph. dil. gtt. xx, every three hours; and, to relieve the excessive nausea, R.—Cerii oxal. gr. iij, morning and evening.

15th. Did well under treatment up to this date, when a profuse discharge of markedly bloody serum took place, with an aggravation of the previous symptoms. Made a vaginal examination, but found no change in the os uteri.

16th. On consulting with Dr. Thos. Miller, a sponge-tent was introduced into the os uteri, and she was ordered R.—Liq. ergotæ fort. ʒj, every four hours.

17th. Tent in vagina, but os as before its application. The discharge being but slight, and the patient much prostrated, the use of the ergot was stopped, and milk punch, with a generous diet, ordered. The patient improved under this regimen until

March 3. When I was called in the night to arrest a decided attack of *flooding*; and during the attack she passed about a quart of hydatids; the os had become more patulous, and I could feel a mass of hydatids within the uterine cavity, but all efforts to remove them were unavailing. Again prescribed liq. ergot. fort. ʒj, every three hours.

5th. Passed three pints more of the hydatids, and the uterus could be felt through the abdominal walls to be about the ordinary size of a uterus after delivery. She continued to improve from this time until

19th. When, as she expressed it, she passed “a mass of flesh about as large as an orange covered with little bags of water.” After which all the symptoms subsided and convalescence took place rapidly.¹

Nov. 3. *Vesical Calculus, with Renal Abscess and Calculus.* Dr. H. P. MIDDLETON read the following report:—

HENRY O'B., brought to the Episcopal Hospital, Philadelphia, on April 10, 1864, by Dr. Forbes, one of the visiting surgical staff of the Institution. Through the Dr. I obtained the following points in the history of the patient: He is 14 years of age; enjoyed uninterrupted good health until eighteen months ago; since then has suffered a good deal, presenting all the usual symptoms of stone in the bladder—frequent micturition; soreness in the region of the bladder; pain, more or less constant, at the head of the penis; retraction of the testicle; sediment in the urine, etc. About three months ago had a violent chill, followed by considerable febrile excitement and intense lancinating pain through the region of the kidneys. Pain and fever, though somewhat modified, lasted for several days, during which time he was treated with hop fomentations over seat of pain, and the internal administration of anodynes and diaphoretics. One morning, towards the termination of this

¹ (April, 1868.) Dr. Ford has since attended this patient in two confinements—the first on April 24, 1866, when she was delivered, at full term, of a still-born male child, which had been dead two weeks with no assignable cause—the second confinement took place on July 19th, 1867, resulting in the birth, at full term, of a healthy female child.

attack, he was seized with violent dysuria, and upon examination of the fluid he had passed, it was found to contain considerable pus. Dr. Forbes *then* obtained the privilege of examining the boy with a sound. The examination, made the next day, readily established the diagnosis of a calculus in the bladder. The operation of lithotomy was then proposed, and urged upon the guardian of the boy, an aunt, who, however, would not listen to this proposition, being firmly convinced that the stone could be dissolved by the administration of medicaments. The case then passed from under Dr. Forbes' supervision, and he heard nothing more of the patient until about one week ago. Since Dr. F. last saw him (three months ago), he has been suffering with almost constant pain over the kidneys, extending down in the course of the ureters. Pressure in the lumbar region occasions great pain, which seems most intense on the right side. The patient is much emaciated; suffers with fever, colliquative night-sweating, and other symptoms of hectic fever. Lungs appear perfectly healthy under percussion and auscultation. His guardian now wishes to have the operation performed. Ordered the patient to have full generous diet; hop fomentations to be applied to the seat of pain.

April 14. Patient quiet and contented; thinks he is greatly improved. A consultation of the visiting surgeons was held. The boy was thoroughly examined, and it was determined to perform the operation to-morrow. Since the boy has been in the hospital I have daily examined his urine, both by chemical tests and under the microscope, and find it to contain the same ingredients, with but little variation in proportion. It is strongly alkaline, and contains some albumen, a considerable number of pus corpuscles, and a sediment consisting of the triple phosphates.

15th. The operation was performed to-day, in presence of the surgical staff, Drs. Lewis, Cheston, and Middleton. Dr. Lewis administered the anæsthetic (chloroform and ether). Dr. Forbes then performed, in the usual manner, the operation of lateral lithotomy. The stone was readily grasped by the forceps, and extracted without any difficulty. Its size was about that of a small hen's egg; weight, a little over 5vij. The patient rapidly recovered from the effects of the anæsthetic, feeling no discomfort afterwards. He was placed in bed, and cold water-dressing applied to the wound. He took some ʒiij of milk-punch, and soon fell into a sleep which lasted three or four hours. 6 P. M. Took a cup of strong beef-tea. 8 P. M. Ordered fʒij liq. morph. sulph.

16th. Patient had a tolerably good night, but continues to sweat profusely. Ordered acid. sulph. arom. in inf. pruni virg. cort.; milk-punch and beef-tea *ad libitum*; hop fomentations to the back; morphia administered at night.

17th. Wound looking clean and healthy; patient seems to be improving in every way; has not complained of pain in his back for twenty-four hours. Treatment continued, with exception of opiate at night.

18th. No change.

19th. 6 A. M. The patient had a violent chill about 3 or 4 A. M., succeeded by intense febrile excitement; lips of wound much swollen, surrounded by the unmistakable blush of erysipelas. Ordered the cold water-dressings to be removed, and warm ones applied. Pulse 120, hard and wiry; skin frequently hot; tongue coated with a dense white fur. His bowels have not been moved for two days; ordered hydrarg. chlor.

mit. and pulv. Doveri, aa gr. v. 2 P. M. Erysipelas rapidly extending; patient complains of pain under pressure in left iliac region; ordered the abdomen to be gently rubbed with warm olive oil and tinct. opii in equal proportions. 6 P. M. Peritonitis has evidently been established; pulse 140; has had a slight movement of bowels; ordered a warm mucilaginous injection, which brought away a large amount of fecal matter—some scybala. There is some tympanitis; patient with his legs and thighs flexed. 11 P. M. No material change, except a little delirium. Ordered hot applications to feet.

20th. 6 A. M. Patient has been very restless all night, and refuses to swallow anything. Ordered enemata of beef-tea. 6 P. M. Patient is worse; seems very weak, and the delirium is now of the low muttering type. Midnight. The erysipelas seems to be fading, but the patient is evidently sinking. From this time he rapidly grew weaker, and died on the 21st at 5 A. M., ten days after the operation.

A *post-mortem* examination was made at 11 A. M. The abdomen was opened, when the whole peritoneal surface was found to be highly inflamed. The bowels were distended with gas. The bladder was opened; its coats were greatly thickened, though this hypertrophy was by no means uniform. The kidneys were then examined. The right one was first removed, and was found to be very soft, and felt as if distended with fluid. In detaching it from the ureter a quantity of pus escaped. The kidney was opened longitudinally, and a collection of pus was thereby revealed. Nearly, if not all the secreting substance, had been destroyed, and the cortical portion much thinned. This condition of things led to an exploration of the ureter, and a renal calculus, about as large as a half almond, was found about three or four inches from where the ureter had been attached to the kidney. The left kidney was next removed and opened in the same way, but nothing abnormal was discovered, save that the whole organ was hypertrophied to some extent, and there was, perhaps, a little congestion.

November 10. *Acute Idiopathic Inflammation of the Fibrous Capsule of the Eyeball.*—Dr. D. W. PRENTISS read the following case:—

Lucy S. (col.), aged about 25 years; of good constitution; servant; doing general house-work, including washing and ironing. The affection commenced Tuesday evening, August 21, with a chill, followed by high fever, which lasted during the whole night, but was not succeeded by perspiration. The next day, pain in the right eyeball was first observed; lancinating in character, but not sufficiently severe to prevent the patient from attending to her regular work. This pain continued to increase until the 23d August, when it had become very severe, and I was consulted. On examining the affected eye, a puffiness of the upper eyelid with thickening was observed, so that the lid could not be raised by the action of the muscles alone; the conjunctiva of both lids and eyeball was apparently healthy; the eyeball itself was tender on pressure. Both eyes were remarkably prominent—which was especially noticeable in the affected one, on account of the œdema of the lid. The patient thought she had caught cold, the Monday previous, from having been over the wash-tub the whole day and getting overheated. Not being able to satisfy myself as to the diagnosis, I ordered merely a topical application of the solution of acetate of lead and opium, and a full opiate at bedtime. The following day did not see the patient, and, on the 25th

August, was informed by her mistress that she was at home too sick to attend to work. I called and found her suffering intensely from pain in the eye, feeling, as she expressed it, "as though the eyeball would burst out of her head." The eyeball was protruded outwards and downwards rather more than one-fourth of an inch beyond its fellow; the oedema of the upper lid had become general—extending to the conjunctiva—and now amounted to chemosis; voluntary motion of the upper lid was lost; the eyeball was fixed in its position, and, on account of the protrusion a portion of the cornea was left exposed, the lids not meeting over it. The whole appearance of the patient was one of hideous suffering. A saline purge was ordered; morphia to allay pain, and blister behind ear.

August 26. Condition of eye worse; protrusion of the ball increased; chemosed conjunctiva congested and inflamed, especially that portion covering the exposed cornea, where it was elevated into a ridge. The sight, which yesterday was scarcely affected, has to-day become dim and confused. Saline purgative and morphia continued.

27th. Dr. Drinkard saw the patient in consultation. The eyeball was now protruded fully half an inch beyond that of the opposite side; all the symptoms aggravated; pain intense, shooting through to back of the head; considerable inflammatory fever, but not so great as was expected. The chemosed ridge across the cornea was scarified, allowing a quantity of serum and blood to escape, but no pus. Treatment continued—sulphate of magnesia being given in drachm doses repeated every two hours, and sweet spt. nitre added to morphia.

28th. Patient still worse in every respect. The inner portion of the upper eyelid has become tumid and congested, with a discoloured spot in its centre, having a doughy feel, and exactly the appearance of the skin when an abscess is approaching the surface. Phlegmon of the orbit with abscess was diagnosed, and the necessity of immediate operation recognized. Dr. Lincoln was called in, and coincided with us in opinion. Chloroform was then administered, and a sharp-pointed straight bistoury was passed through the upper lid at the discoloured spot, back into the orbit, keeping close to the superior orbital plate; but no pus followed the incision. The space behind the eye was then carefully examined by the probe, and another incision made nearer the internal canthus; but still no abscess was found. The tissues were much indurated, and the operation produced considerable discharge of serum and blood. Emollient poultices were now applied, and an increased dose of morphia ordered to be taken as soon as the effect of the anæsthetic passed off.

29th. Exophthalmos about the same; pain much relieved; the discharge of bloody serum still continuing from the incisions. A commencing point of ulceration noticed on the lower side of the cornea, evidently caused by the pressure of the swollen and inflamed conjunctiva, which latter was again scarified. Sulphate of magnesia discontinued, and citrate of quinia and iron ordered.

30th. Eyeball not so prominent—the pressure from within being evidently much lessened. Ulceration of the cornea has however increased. General condition of the patient improved; pain occurring only in paroxysms, and less severe. Tongue and pulse natural. From this time forward the patient steadily convalesced, except the ulcer of the cornea which attained the size of a split pea, when adhesive inflammation arrested its progress, and absorption began. In consequence of the

closure of the incisions made in the upper eyelid during the operation, a small abscess formed at that point, which was opened.

September 3. Attendance was discontinued.

15th. The eye still a little prominent, with an opalescent spot in position of the ulcer. Vision entirely lost; cannot distinguish light from darkness. The treatment during the interval was changed according to circumstances—an astringent wash taking the place of the poultice when fomentation was no longer indicated.

October 22. Again saw Lucy. Her general health excellent; eye apparently well, with a little convergence outwards and opalescence of cornea still observable. Blindness total.

November 9. Dr. Drinkard very kindly saw the patient, and made an ophthalmoscopic examination of both eyes. The left, which had not been inflamed, was normal. The right eye was difficult to examine, on account of the haziness of the cornea resulting from the ulcer. However, the capillary vessels of the optic papilla were noticed to have almost entirely disappeared, leaving it nearly white. This, together with the fact that the papilla itself, instead of being round, decidedly approached the oval form, indicated atrophy. One or two minute deposits of pigment were observed upon the anterior capsule of the lens, indicating the previous existence of slight iritis. No opacity of the lens, nor trouble in the humours of the eye visible. Vision entirely gone.

The above case may be stated to be an example of an intense inflammation of the fibrous capsule of the eyeball (*Tunica vaginalis oculi*) of rheumatic character, attended by extensive serous effusion, and possessing no tendency to suppuration and abscess. A minute description of this capsule will be found in *Lawrence's Treatise on the Diseases of the Eye*, edited by Isaac Hays, M. D. (Philadelphia, 1854), pp. 97-98; and in the same work will be found (pp. 859-865) a full account of the rheumatic inflammation of that tunic. Attention was first drawn to this affection by Mr. Ferrall, of Dublin, who reported two cases, which are related in the work just referred to, with some other cases of the same nature. Ferrall's cases will also be found in the number of this *Journal* for July, 1842, p. 197. The recent investigations relative to the minute anatomy of the capsule of Tenon, by Dr. Liebereich, are detailed in the number of this *Journal* for July, 1867, p. 241.

PROCEEDINGS

OF THE

CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

1866. *June 2. Puerperal Convulsions.*—The following case was reported by Dr. D. W. PRENTISS:—

Mrs. S., aged 18 years, primipara, at full term. Intense headache came on Jan. 22, which continued up to afternoon of 23d, when it culminated in a convulsion. First saw the patient at one o'clock A. M., Jan. 24, when another convulsion occurred. She was at this time perfectly unconscious; the body and limbs strongly convulsed; the bloodvessels of the head turgid; the breathing stertorous; and, in fact, the regular symptoms of an apoplectic seizure. There was no indication that labour had commenced, and no *per vaginam* examination was made. Venesection was determined on and practised to the amount of about twenty ounces; and a mixture containing one-fourth grain tartar emetic and one-eighth grain opium to each dose ordered every two hours.

Jan. 24. Saw the patient again at 9 A. M., when she was sleeping comfortably; had had no return of the convulsion; pulse 120, compressible; headache not so severe; stopped antimonial mixture and ordered sweet spirit nitre in small doses.

Was sent for in haste at 10 A. M. (one hour later) on account of return of convulsions. The attack was more severe than the one during the night; one convulsion following another in quick succession. A vaginal examination showed that labour had commenced; the os uteri dilated to the diameter of about one inch; vertex presentation, but pains feeble and irregular. Pulse 160, and seemed to be growing more frequent and weaker; respiration quick and spasmodic; convulsions rapidly became more frequent until there was no intermission between the paroxysms; the countenance dusky, purple and swollen; foam issued from the mouth, made bloody by the wounded tongue; death seemed impending from oppression of the brain. Upon consultation with Drs. M. V. B. Bogan, W. B. Butt, and Chas. H. Bowen, the membranes were ruptured with the hope of hastening the termination of the labour, and this failing, "version of the feet" was determined upon as a last resort, although there was but the slightest chance of success. Forceps were not applied because of the position of the head and on account of the convulsive movements of the patient. "Turning" was performed differently from the prescribed manner. The patient lay on her back, thighs and knees flexed, and held by assistants, who also controlled the spasmodic motions, upon which, I should mention, chloroform failed entirely to produce any effect; two other assistants held the shoulders. I prepared the *right* hand and commenced the operation. The soft parts were in a perfectly favourable condition; the

"os" dilated to the diameter of one and a half inches; the head engaged in the superior strait, and the uterus firmly contracted. Dilating the "os" occupied about half an hour before the hand could be passed into the cavity of the womb. The presentation was then carefully made out, vertex to left acetabulum, and the hand passed over the face along the anterior portion of the body until both feet were firmly grasped, and turning commenced. This, however, proved to be not so easy a matter as had been anticipated. The head refused to recede, and it was only after persistent effort, forcing up the head by external pressure, at the same time making traction upon the feet, during which one foot was lost, that I succeeded in bringing a foot through the mouth of the womb into the vagina. During this time it was necessary frequently to suspend efforts, and partially withdraw the hand on account of pressure, first, from the *os uteri*, and secondly, from the child's head against the bony boundary of the superior strait. A tape was attached to the ankle and the child shortly delivered. The placenta followed without trouble in about fifteen minutes. Child female; stillborn; weight, $10\frac{1}{2}$ lbs.; duration of operation from beginning until head was born, *two hours*.

Almost instantly after the birth of the head the convulsions ceased, and the patient fell into a deep sleep. Pulse 130; respiration a little slow. It will be remembered that at the commencement of the operation the pulse was 160 and very feeble, and the respiration quick and spasmodic; a marked contrast. The patient was now put on the following treatment: Carb. ammon. gr. v, every two hours; beef essence f3ss, every hour; inunctions of mercurial ointment twice daily; and frictions with whiskey to extremities. The binder was firmly applied, and wine of ergot left to be given in case of hemorrhage; the room was darkened, all bright hangings removed, and the most perfect rest enjoined.

5½ o'clock P. M. Pulse 140, weak; some hemorrhage; has not been awake since operation. 9 o'clock P. M. Pulse 112, stronger; less hemorrhage; feels weak, with slight headache; mind dull, but otherwise comfortable.

25th. 9 o'clock A. M. Pulse 100, improving; respirations 16 per minute; slept well during night; mind restored to its usual activity; lochial discharge more natural. Treatment continued. 1 o'clock P. M. Pulse 130, weaker; breathing normal; large œdematous swelling of labia minora; tongue sore and swollen from having been bitten during convulsions; no urine passed since operation. Consultation with Dr. M. V. B. Bogan. Oil of sweet almonds ordered for tongue. Two pints of urine drawn off by catheter. 8 o'clock P. M. Pulse 112; breathing natural; treatment continued.

26th. 9 o'clock A. M. Pulse 108, good; respiration normal; no urine voided; headache through the temples. Treatment continued. Also blister to back of neck; mustard to calves of legs, and hair cut short. 1 o'clock P. M. Pulse 136, feeble; considerable headache; one pint and a half of very dark coloured urine drawn off by catheter; after-pains with discharge of blood clots. Treatment continued; also sweet spirit nitre and spirit mindereri ordered, and cream for nourishment. 8 o'clock P. M. Pulse and respiration the same; skin hot and feverish; headache the same; lochia scanty with blood clots. Treatment continued.

27th. 9 o'clock A. M. Pulse 120, of better character; skin moist and comfortable; voice stronger; expression of countenance better. During the night had nine passages from the bowels, first two natural, the others

thin and greenish from abundant secretion of bile, the probable effect of the mercurial ointment. Fever mixture stopped. Starch water and laudanum enema ordered. 1 o'clock P. M. Pulse 116; consultation with Dr. Bogan; mercurial inunctions discontinued; patient begins to take nourishment. 10 o'clock P. M. Pulse 120; urine passes freely, is dark coloured and loaded with mucus; slight headache.

28th. 12 o'clock M. Pulse 112; urine still dark coloured and loaded with mucus. Fever mixture every three hours. 8 o'clock P. M. Pulse 108; headache disappeared; treatment continued, chicken broth ordered.

29th. 1 o'clock P. M. Pulse 100, good; stop fever mixture, reduce carb. ammon. to three times a day. Chicken broth, one pint in twenty-four hours.

30th. 1 o'clock P. M. Pulse 104, rather feeble; patient had four passages from bowels during night. Continued treatment, and add f5j offic. sol. of morphia.

31st. 1 o'clock P. M. Pulse 104, stronger; wandering pains in bowels. Continued treatment; mustard poultice over abdomen.

Feb. 1. Slightly salivated; tongue quite sore and swollen, so much so that only liquids can be swallowed, more, however, from the laceration received during the convulsions than from the effects of mercury.

From this time forward she continued to improve steadily, the condition of the mouth being the only troublesome symptom, until Feb. 12, when she was able to sit up a considerable portion of the day, and attendance was discontinued.

In the above reported case, the exciting cause of the attack was without doubt the reflex irritation from the pressure of the head upon the os uteri during dilatation, as indicated by the *sudden* subsidence of all symptoms upon the completion of the labour.

In the treatment it is of interest to notice that chloroform by inhalation produced no good effect whatever, although it was given a fair trial.

"Version" was resorted to as a forlorn hope, and the result shows in what desperate cases a favourable termination may sometimes be brought about. The condition was most unfavourable for performing the operation, the membranes had been ruptured, the head was engaged in the superior strait, and the uterus was firmly contracted around the body of the fœtus. On this point Ramsbotham says, "Neither is the operation of turning under convulsions free from objections. It would be most unwise to attempt its performance if the head were engaged in the brim of the pelvis, if the membranes had been ruptured for any length of time, and the uterus were strongly contracted around the child's body; because of the difficulty we must encounter and the danger we must necessarily incur." Just the condition above described, yet what else could be done? The convulsed condition of the patient was constant, only remitting slightly at intervals; the pulse was almost imperceptible; the respiration was irregular and jerky, and we looked for each moment to terminate life.

1867. *January 7. Neuralgia followed by Paralysis of Motion.*—Dr. H. P. MIDDLETON read the following report of a case:—

On the 7th of May, 1865, I was called upon by Mr. R., of this city, to attend his wife. He informed me that labour pains had already commenced three or four hours before; that the patient was thirty years of

age, then some three weeks over her time, and that she had been pregnant but once before, when she had miscarried at the third or fourth month. The physician who attended her on that occasion—in the North—pronounced her pelvis *small*. Mr. R. had called upon me in consequence of the physician who had been engaged to attend her being absent from town. This latter gentleman, however, arrived at the house before me, and I consequently left the case in his hands. Three weeks later—June 5th, 1865—I was again requested to call and see Mrs. R., and received the following brief history of the case since my last visit. Mrs. R. had been delivered with forceps. In making traction, the accoucheur bent the instrument to such a degree as to be obliged to send for another pair to complete the delivery. The child was born dead, and the mother had been sick ever since with what the attending physician called “milk-leg.” I found her pale and emaciated; nervous and agitated; skin moist and rather cool; pulse one hundred, feeble; tongue dry, but clean. She complained of a dull, subacute headache, and intense pain in the right leg and thigh, extending from the hip to the ankle-joint; a constant pain, subject, however, to exacerbations and remissions, becoming very severe every afternoon about three or four o’clock, and abating somewhat towards morning. She was suffering from one of these paroxysms when I called. Upon examination, found the limb of normal temperature; no swelling; integument and muscles rather flabby. She almost screamed with pain when gentle pressure was made on the thigh, over the position of the anterior crural and great sciatic nerves (especially the latter), or down the leg, over the posterior tibial. The leg was slightly flexed upon the thigh; it could not be extended because of the excessive pain thus occasioned, and there seemed to be a tendency towards increase of the flexion. The muscles of the thigh twitched violently from time to time, causing an increase of the pain, as did also every attempt Mrs. R. made to move the limb. The patient informed me, with regard to her late confinement, that her pains had commenced about twelve o’clock P. M., and continued to increase until about nine o’clock A. M., when they first began to abate, then ceased entirely. The attending physician then gave her a powder, in half a tumblerful of water. The pains thereupon returned, but with less severity than before; and after making a digital examination, the doctor informed her that the child was dead, and proceeded to apply the forceps. The child was a very large one. After delivery she seemed to progress very well for five or six days, at the end of which time she began to experience a constantly recurring uneasy sensation extending down the thigh. For this she was ordered a liniment. The pain continued, became more severe from day to day, and soon extended from the hip to the ankle. The doctor then informed her that she was going to have a “milk-leg,” and ordered her to continue the application of the liniment; to have a *teaspoonful* of Dover’s powder every four hours, or as often as necessary to relieve pain and induce sound sleep; and to live upon toast, tea, etc., with a little animal broth for dinner. Her husband, knowing something of the composition of Dover’s powder, only gave her one-half the quantity prescribed, and found this to occasion great nausea, and sometimes considerable emesis. The physician being informed of this fact a few days later, ordered her to take *as much* of a teaspoonful of the powder *as she could* every night, and to take a teaspoonful of pulv. jalapæ, with two teaspoonfuls of cream of tartar, in a tumbler of water, three times daily,

and to discontinue the animal broth. She followed his directions in regard to diet, but took the medicines in half the quantity prescribed. In this dose, even, she found that the cathartic produced much griping and tenesmus. Finding that, instead of improving, all her ailments seemed to be more and more aggravated, her husband concluded to seek other advice; and, having dismissed the attending physician, called upon me to attend. It is needless to say that I failed to discover any indication for a continuance of the remedies prescribed, or any symptom indicative of crural phlebitis. I rather regarded the case to be, and to have been from the first, one of neuralgia, without regard to its origin or the cause of its continuance. At all events, I concluded to give the antiperiodic powers of quinia a trial in this case, and ordered pills of valerianate of quinia, to be commenced the next morning. In addition, I prescribed a chloroform liniment, and, as the patient had become habituated to a "night-cap" of Dover's powder, and was suffering great pain, I could not, of course, wholly withhold the opiate; but suspended the powder, substituting forty drops of liq. morph. bimeconatis, at night. Also ordered strong beef-tea and milk-punch.

June 4. Although much disturbed during the night, she had enjoyed more sleep than usual. She was then taking the quinia. On the morning of the 5th, Mrs. R. informed me that she had had a paroxysm on the previous afternoon, but of a greatly mitigated character. Remedies continued as before.

6th. The paroxysm due yesterday afternoon was completely missed; but the cessation of the pain in the leg has been followed by an almost complete loss of hearing, and by violent ringing noises in the head, which rendered the patient almost wild. I attributed this to the quinia, but never, either before or since, saw its effects in so marked a degree. I was obliged to suspend its use for two days. During this time the paroxysms returned, but with less severity. I now was satisfied with my diagnosis, and with Mrs. R.'s condition; believing that her neuralgia was kept up in great measure, if not wholly, by her anæmic and debilitated condition. I then ordered her some pills of quinia, Vallet's mass, ext. aconit. rad., alcohol, and pulv. lupulinæ, and directed her to have beef steak, beef-tea, milk-punch, etc. Under this treatment she began to convalesce, and slowly, but steadily improved; though she had one or two very slight relapses, and at one time was attacked with a diarrhoea, which lasted ten days, in spite of all efforts to arrest it. After this, however, she continued to improve more rapidly than she had done previously; she soon ceased to have the afternoon paroxysm, and the pain disappeared from the limb, except when she moved, it being even then much less severe than formerly. She seemed to be peculiarly susceptible to the influence of aconite; in two days her pulse sank to sixty beats per minute. I then withdrew the aconite and substituted ext. belladonnæ. The other medicines were continued, and my visits to the patient diminished in frequency until I only saw her about once a week. When I called on the 28th of July, Mrs. R. informed me that all pain had been dissipated, but that she could hardly move her limb at all, and that with great effort. Not laying much stress upon her statement, I simply advised her to use gentle friction over her limb, promising to call again in a few days. At my visit on the 5th of August I regretted to find a complete paralysis of motion of the thigh and leg. There was no sensitiveness over the spine. I withdrew the belladonna and lupulin from the pills, substituting ext.

nucis vomicæ, in doses of one-third grain three times daily, subsequently increased to one-half grain, and then two-thirds grain three times daily. Under this treatment the power of motion gradually returned; the patient rapidly regained colour and weight, and, by degrees, the desire (or necessity) for the opiate was overcome, and she slept soundly without it. Her appetite was excellent, and, when I ceased attendance upon the case, her health was evidently and fully restored.

January 26. Measles and Hooping-Cough coincident.—Dr. D. W. PRENTISS reported the following case:—

Mary J., aged 7 years, attacked with catarrh, May 1, 1866, out of which a paroxysmal cough gradually developed until May 20th, when the characteristic hoop was first heard. From this time the paroxysms continued to increase in frequency and severity, each one ending in a prolonged, loud hoop, up to the 3d of June, when there was an accession of fever, running at the nose, and red appearance of the eyes in addition to the previous symptoms.

June 6. Was called to the patient on account of the appearance of an eruption on the face, as well as high fever and difficulty of breathing. I then learned the above history of the case. Auscultation showed congestion of the lungs.

7th. Eruption had extended to shoulders and chest, and next day to the extremities. In ten days from first appearance, it had entirely disappeared. The affection was distinctly measles, to the contagion of which the child had been exposed.

During this time, the original disease, hooping-cough, continued with unabated violence, the cough recurring as often as half a dozen times during the night, and each time ending with the hoop.

The congestion of lungs referred to became complicated with pneumonia, which threatened for several days to destroy the patient's life, but finally yielded to a tedious convalescence. It was not until the early part of August that she could again be pronounced well. The treatment, which was directed only to the lung disease, consisted of perfect rest, expectorants, diaphoretics, and stimulating liniments.

Dr. Prentiss noticed two points of interest connected with the above case: 1st. That we have two epidemic and contagious diseases running their course apparently independent of each other, in the same patient at the same time. 2d. That in each of these diseases there is an especial tendency to serious affections of the lungs, in fact, three-fourths or more of the deaths from either are from this cause. Hence we would naturally expect in a complication of the two, that the danger from this cause would be increased twofold, and the sequel in this instance bears out the induction. Not only was the patient's life in jeopardy for some time from inflammation of the lungs, but she has had subsequently both pleuritis and bronchitis, and is still very susceptible to lung disease.

February 16. Strangulated Hernia of four days' standing relieved spontaneously.—Dr. J. F. THOMPSON reported the following case:—

A man of fine physical development, about 30 years of age, was admitted to Providence Hospital, February 1st, with a large, congenital, scrotal hernia of the right side which had become strangulated. It had been down several times during his life, as large as on the present occasion, but he had always before succeeded in reducing it himself without

difficulty. Three days previous to his admission, in jumping from a carriage he felt the intestine pass into the scrotum, but had been unable to return it. That night the ordinary symptoms of strangulation came on, and vomiting continued up to the time of his being sent to hospital. Efforts were made the next day after the accident by Drs. Wm. Lee and D. R. Hagner to reduce by taxis, but without success.

First saw him, Feb. 2, at 10 o'clock, when he was in considerable distress, but not in as bad a condition as might be expected after a strangulation of so long standing. There had been no vomiting since early in the morning, but he had taken nothing to eat or drink.

The tumour was large, hard, and almost perfectly round; bowels not moved since the accident; pulse excited but quite strong. Ether was administered and taxis tried faithfully for full half an hour without success. Efforts were made also by Drs. C. M. Ford and W. B. Drinkard with same result. The propriety of an operation was discussed, and it was decided to wait for more urgent symptoms. Ice was ordered locally, and one-third of a grain of morphia to be taken every three hours. 5 o'clock P. M., continued much the same as in morning, rather more comfortable, treatment continued, and enema ordered. The enema operated about 7 o'clock, and shortly after the bowel returned into the abdomen with a gurgling sound.

Approaching the hospital the next morning about 11 o'clock, I was somewhat surprised to meet the patient returning home with a brisk walk.

The very unexpected termination of this case renders it one of great interest. The preponderance of written authority would hardly justify the postponement of the operation when strangulation had already existed three days, but there are able teachers who would have approved the delay under the circumstances.

The reasons for not operating were, that the hernia was congenital; that at the time the neck of the tumour was quite large; and that the symptoms were not very distressing. If the constriction had been very great, his condition, after three days, would certainly have been more serious; the circulation, however, was not entirely interrupted.

March 2. Twin Pregnancy and Double Abortion, with Secondary Hemorrhage.—Dr. J. T. YOUNG reported the following case:—

About 5 o'clock A. M., March 1st, 1865, was called to visit Mrs. S., who was represented to be in great pain, but not pregnant. Found her sitting upright in bed, suffering from severe periodical pain in the lower part of the abdomen, which was enlarged and containing a tumour evidently uterine, due, as she stated, to dropsy of two or three months' duration. Three months previously she had had an abortion of a three-months foetus; after which the abdomen did not regain its normal condition, but, on the contrary, had gone on increasing in size until the time of this attack. Auscultation of the tumour discovered the existence of a foetal heart, and vaginal examination revealed the os uteri dilated to an inch in diameter, and a foetal head of six months' development pressing upon it. At 4 o'clock P. M., a living foetus of six months was delivered. Severe hemorrhage followed, which was checked by ice, and the placenta proving to be adherent was detached in pieces. The flooding continued to recur at intervals up to the eighth day, when a very severe hemorrhage occurred, which nearly terminated the patient's life. However, by raising the pelvis, pressing upon the abdominal aorta, and the free use of ice, it was checked; but not until the patient had fainted. Forty minims of laudanum were then administered, followed by small doses of whiskey, fre-

quently repeated, until she rallied. The amount of blood lost was so great that it was necessary to keep the pelvis and extremities elevated to prevent syncope. Convalescence set in without further difficulty, and progressed favourably to health.

March 16. Hypertrophied Inguinal Glands, with Varicose Lymphatics, Simulating Hernia.—Dr. W. B. DRINKARD stated:—

The accompanying specimen was removed from a middle-aged negro man (cause of death unknown) lately brought into the dissecting-room of the National Medical College. On my attention being called to the subject, I at once corroborated the statement that had been made to me, viz., that he was the bearer of a femoral hernia; although, while making the assertion very positively, I yet admitted that the case presented some peculiarities. The hernial tumour, as I supposed, occupied nearly all the superior part of the groin, being situated rather more to its outer than its inner side (one circumstance which had excited in my mind doubts as to its hernial nature); its upper boundary slightly overlapping Poupart's ligament; obscurely ovoid in shape; about four inches in its long diameter, by three or three and a half inches in its short or vertical diameter; rather "baggy" in appearance, the skin being not tense but loose and somewhat sacculated towards the inner and inferior portion, the only spot in which there was any discoloration: here the integument was slightly paler than over the rest of the tumour. (The subject, it must be borne in mind, was a negro, of very dark hue.) To the feel, the tumour was soft, doughy, inelastic, its contents yielding readily to pressure, but returning slowly to their former position when the pressure was removed. The fingers, in their exploration of the tumour, could distinguish certain portions which were more compact and consistent than the rest, although their exact outline was not easily definable amid the soft mass in which they were situated. This I took to be an indication of the presence in the sac of omentum, another exceptional trait for femoral hernia. The slight efforts that I made to replace the contents of the sac in the abdomen were ineffectual, although there had been evidently no strangulation of the hernia, and I could easily pass my fingers under the falciform edge of the fascia lata, over which the inner border of the tumour extended. The situation of this tumour, then—its apparent connection with a patent condition of the saphenous opening, and the characteristic feeling imparted on palpation—induced me to consider it as an example of femoral hernia, despite its peculiarities antagonistic to this view, and the absence of those symptoms that might be observable during life;—a hernia, I thought, either still consisting of intestine or, more probably, constituted by a portion of omentum contained in an old and, perhaps, obliterated sac.

This opinion as to the nature of the tumour was, however, soon removed on dissection, which exposed a thickened superficial fascia, from the meshes of both of whose layers protruded the cellulo-adipose tissue of the region. On removal, the tumour presented no connection with either the crural or the inguinal ring. Its appearance was that of a mass of cellulo-adipose tissue, interspersed with lymphatic glands evidently undergoing fatty degeneration, and presenting here and there, over its dissected surface and through its substance, patches of a pale rose colour, resembling cellular tissue infiltrated with the serum of the blood, and bearing in some points a yet closer resemblance to fresh muscular tissue. Although the exact nature of this tumour has not been completely eluci-

dated by the dissection, yet the opinion which seems to me the only tenable one in the premises, is that it was formed by an hypertrophy and fatty degeneration of the inguinal glands, with, probably, a varicose condition of the lymphatics immediately connected with them. This condition of the lymphatic vessels, though rare, has yet been observed by several surgeons and pathologists; instances of it are adduced by Breschet, Cruveilhier, A. Cooper, Sæmmering, Amussat, Demarquay, Andral, and Nélaton. In one case Amussat found a tumour of this nature occupying each inguinal region, and in which the development of the inguinal lymphatics had extended to the glands, with the effect, apparently, of transforming these latter into a congeries of vessels. During life the patient had worn a bandage, these tumours having been mistaken for a case of double hernia.¹ But none of the works to which I have had access, and which treat of the subject, give any precise indications for the diagnosis of the tumours thus formed, nor describe their pathological anatomy. I have, however, met with a case belonging to this class. The following extracts from the notes which, fortunately, I made at the time of seeing it will serve to point out the decided similarities between it and the case just presented. (I am not aware that this case has ever been in print; otherwise I would content myself with a simple reference to it.) The patient was in the service of M. Nélaton (Hôpital des Cliniques, Paris) in 1863—a young man of 26; good muscular development and apparently perfect health. For a long time a tumour existed in the left groin, which the patient knew to be the testicle. Latterly, another tumour has been added to the one already existing in this region. The tumour, as now constituted, is situated upon the outer two-thirds of Poupart's ligament, and invested by sound integument. The testicle can be distinguished as a mass harder than the rest. In his clinical remarks on the case M. Nélaton said:—

“The first idea given by the tumour is that it is formed by the testicle, which has become deviated in front of the abdominal aponeurosis, and that a hernia has followed the testicle—an omental hernia which would give to the tumour the peculiar sensation experienced on palpation. However, there is some difficulty in accepting the explanation. . . . Moreover, with regard to the idea of an omental hernia, there is no pedicle traversing the inguinal canal; the idea, then, is done away with. . . . I have thought, also, that this was probably an example of an excessively rare tumour—of which I have seen only three cases: tumour formed in the inguinal region by the abnormal development of the inguinal glands. I can recall a case similar to this one: that of a young man who was the bearer of an exactly analogous tumour in the groin.”

M. Nélaton distinguishes these tumours formed by glandular hypertrophy from those varicose lymphatics which, on incision, exude a limpid lymph; the tumours in question giving issue to a milky or rose-coloured lymph. In the specimen that I have presented, I think that there is a co-existence of the two conditions. No operation was undertaken upon the tumour described above. I have among my notes the records of another case—observed in the wards of the same surgeon—in which there was not simply hypertrophy of the lymphatic glands, but also a *melanic degeneration*, occupying both inguinal regions, and descending into the pelvis. The external characters of the tumours thus formed were much the same as those of the case just described. The course of the lymphatic vessels

¹ Breschet. “Le Système lymphatique considéré dans les Rapports anatomique, physiologique et pathologique.” p. 260.

of the limb, leading to the tumour, however, was marked by bluish-black lines, which gave to the limb a marbled aspect. There had been besides a manifestation of general accidents, nausea, vomiting, and defective digestion. Of course, I recalled this case simply as an instance of glandular tumours in this region, not as a parallel to the specimen that I present. (It is a singular coincidence, I may remark in leaving these cases, that in all the instances of this kind in which I have found the precise location of the tumour designated, it was in the *left* inguinal region. In the woman who presented melanic degeneration of the inguinal glands, the affection also commenced on the *left* side.)

The situation and peculiar "feel" of the tumours in the two first-mentioned cases; their likeness to hernial tumours; with the exudation, on incision, of a rose-coloured liquid in the second case, present analogies with this case of mine that cannot be overlooked. At the same time, in the absence of a mercurial injection, or of a more minute examination of the tissues than I was able to give them at the time of removal, the diagnosis even now is of course somewhat hypothetical. The point of *practical* interest in this case is the diagnosis of the tumour from a hernia. While the *post-mortem* error is evidently of easy commission, yet I think that, during life, the absence of any impulse on coughing or straining, the invariable size of the tumour, and the history of the case, would suffice (particularly if the surgeon were on his guard, and forewarned of this occasional complication) to prevent the occurrence of a mistake that might lead to fatal operative procedures in case of the supervention of symptoms denoting strangulation.

March 30. Cerebral Congestion Successfully Treated by Venesection.—

Dr. A. F. A. King reported the two following cases:—

CASE. I. On the 16th June, 1865, Mr. J. P., aged 25, a clerk in one of the Departments, had taken an unusual amount of exercise by walking in a bright sun during the heat of the day, without any shade or protection from the solar rays. During the latter part of the day he was attacked with slight headache, which continued through the night, preventing sleep, and which became greatly increased in intensity about 2 A. M. on the following morning, and from that time continued unabated until 3 P. M. of June 17, when I visited him, being about twenty-four hours after the first pain was experienced.

At that time his condition was as follows: Headache intense; skin hot, though not excessively so; pulse full and hard, and but little increased in frequency. His bowels were constipated; tongue coated with a white fur, and he had vomited, though the stomach was now quiet. Very restless on account of the intense headache. Slight intolerance of light and sound, though of these the patient did not complain until questioned in regard to them, his whole attention being engrossed by the cephalalgic pain. Upon examination of the eye, the right pupil was found widely dilated and insensible to light; the left one natural. Sensation, intelligence, and motion, *undisturbed*.

The patient was now placed in a sitting posture, and a full half-pint of blood taken from the arm. Being rather timid of bloodletting, the bleeding was for a moment arrested, until its effects could be ascertained. Pulse became softer, but by no means weak; as yet there was no perceptible pallor, nausea, or faintness. The patient, on shaking his head, pronounced it already decidedly better. Pressure was then removed and

the bleeding continued ; but a few additional ounces of blood had escaped before the patient suddenly fainted, but with proper means rallied in a few minutes. R.—Hydr. chlor. mit. gr. v, pulv. jalapæ gr. xv, extr. colocynth. gr. v.—M. Take at once.

18th. Eighteen hours after bleeding. Pulse natural. No return of headache since venesection, immediately after which it was entirely and *permanently* relieved. The purgative operated freely and the patient had slept. The pupil of right eye still dilated and immovable.

19th. No further medication necessary. Appetite good. Resumed his business.

In commenting on this case, I have only to remark that the excruciating headache was almost instantaneously relieved by bleeding, and did not in any degree return. While the disease was thus apparently cut short by the bleeding, it may be a question of no little gravity and practical interest, to consider what might have been the result in case venesection had been omitted.

In explanation of the dilated pupil which remained after the cerebral symptoms had been removed, and was not at all influenced by them, it was found that the eye was affected with mydriasis, for which, by the by, a course of treatment, principally by the application of extract of Calabar bean, had been employed without benefit. Up to the present time (July, 1868) the mydriasis remains, changing occasionally from one eye to the other.

CASE II. J. B., mechanic, aged 25, a strong, thick-necked muscular man. He has generally been healthy, with the exception of constipation, which has inconvenienced him more or less for the last five years.

February 2. Felt slightly unwell, but continued work until 4 P. M., when he ate heartily for dinner of pork and beans—his usual diet. In the act of chopping wood after dinner, he was taken with “a weakness,” and fell to the ground. On being carried to the house, he was attacked with violent vomiting, which continued incessantly (the simplest diluents being immediately rejected), and he suffered from intense headache. Visited him at 7 P. M. In addition to the above symptoms, his tongue was coated, pulse 80 and tolerably full, but not hard. No heat of skin or flushing of face. Eyes natural. Bowels constipated. Motion, sensation, and intelligence unimpaired. Sinapisms were applied to the leg, calves, and epigastrium, by which the pain seemed to be temporarily mitigated, but it was at no time entirely relieved. R.—Pil. hydrag. gr. x, resinæ podophyllin gr. ss.—M. Take at once. Ordered rest and quiet, with cold water and ice when desired.

3d. Did not see him till 3 P. M., when I was sent for, as the patient was worse. There had been no alvine evacuation, and the vomiting, though it had once moderated, was now as violent as at first. Headache intense ; the patient rolling about the bed and groaning with agony. An enema of soapsuds, castor oil, and spts. terebinthinæ was administered, and produced a plentiful discharge in a few minutes. His pulse was now 78, and full as before. Respirations silent and slow, with an occasional deep-drawn sigh. Ordered full dose of magnes. sulph. Cold constantly to head and hot foot-bath containing mustard and capsicum.

4th. No alvine operation, though the salts were retained for some time after being taken. Headache intense, and he is again vomiting. Pupils natural, but the upper lids droop, and light is unpleasant. The skin is cool, and, what is remarkable, the pulse from being 78, now numbers but

40 per minute—it is full and slow, but not tense. Respiration also very slow, with an occasional deep sigh. R.—Hydrg. chlor. mit. gr. x, resine podophyllin gr. j. To be taken immediately, and followed in four hours by ℥jss castor oil. 3. P. M. Symptoms unchanged. No operation, though the medicine, including the oil, has been retained some hours. I now determined to try the effect of bloodletting, resolved, however, to proceed more cautiously than in the previous case. Accordingly, the patient sitting, a small opening was made in the vein, and not more than ℥iv of blood had been taken before the pulse rose to 50, and the patient expressed himself as being in some measure relieved of the headache. Vomiting now came on and the bleeding was stopped. As he lay down, a rumbling was heard in the bowels, and there was an immediate desire to have an operation, though this soon subsided without the wished-for result. The castor oil, previously taken, was now rejected. R.—Ol. tigllii ℥j, ol. caryophylli ℥j, mica panis q. s. ft. pil. j. To be taken immediately. To repeat pediluvia of mustard, and place blister to nape of neck.

5th. Patient up and received me at the door. The croton oil pill was rejected after remaining in the stomach two hours. He has, however, had three free operations; pulse 72. Headache gone, though there remains a feeling of soreness within the cranium. Countenance cheerful, but the upper lids are drooping; tongue clean and moist; respirations have regained their frequency. Advised rest, abstinence from stimulating food and drink, together with suitable measures to overcome the chronic constipation to which the patient had been subject.

On the following day, at 1 P. M., I was again sent for. Contrary to orders, the man had gone to work and eaten heartily of beef-steak and potatoes. After this the headache began to return, and the patient had walked to the druggist and obtained another of the croton oil pills, which he immediately took. Upon my arrival the pill had already operated freely; the headache, however, was still extremely violent, the patient rolling about in bed suffering painfully. He described it as a deep-seated pain, occupying the whole of the interior of the cranium. The vomiting was incessant, and there were annoying eructations of wind, and a greenish watery liquid. The pulse had again become infrequent, and in a marked degree, irregular, counting, during four successive half-minutes, respectively, 39, 27, 37 and 29, being from 60 to 66 for the whole minute. Respiratory acts almost imperceptible to the eye and ear, with occasional deep sighs; slight photophobia, and sounds are annoying to a limited extent; countenance languid, and the veins of the forehead are distended and easily recognizable at some distance from the patient. As the symptoms thus presented themselves—the headache, vomiting, turgescence of the superficial veins, together with the oppressed respiration and circulation, all indicating oppression of the encephalon—and as no benefit had been obtained by the free purgation of the last croton oil pill, the question of bleeding again presented itself. At this point, in calling to mind the manner in which venesection has lately been decried by high professional authority, I felt by no means confident that venesection was a legitimate remedy in the case before me; at the same time I felt assured that if the head pain depended upon the plethora of the encephalic vessels, bloodletting would as surely be followed by relief, as it was on the two previous occasions already referred to. To ascertain this point, I resolved upon the following experiment: A bandage was applied tight around each arm near the axilla, and one in like manner round the upper part of each

thigh. Blood was thus made to collect in the extremities, and the whole amount circulating through the cranium was as effectually diminished as if a portion had been extracted by venesection. To my satisfaction the pain was ameliorated by the ligatures. After the limbs had been tied a few minutes, the patient remarked that he "*thought*" he was better, and in a minute or two more became "*pretty sure*" of it, though the pain was still bad. At any rate, it was noticed that after the bandages were applied, the patient stopped rolling about, and became more quiet and contented; and when they were loosened, which was purposely done, as suddenly as possible, he at once turned over, and *of his own accord* cried out with a profane exclamation, that the pain had returned with its former severity. After a lapse of a few minutes he assured me of his *certainly* that the headache had been mitigated by the ligatures. I considered this, therefore, an indication to draw blood, and accordingly a small bleeding of 3vj was performed. The patient immediately became more quiet, and confessed himself partly relieved of the pain. The pulse, though somewhat increased in frequency, still performed its beats with considerable reluctance. It was now ordered to shave the head and apply a blister to the scalp. Also bromide of potassium in ʒj doses every three hours.¹ Sinapisms to the feet and legs.

At this interesting period of the case the patient was removed to his own home, in a distant part of the city, where he was attended by a physician in the neighbourhood, and I lost sight of him. I have since learned the attack lasted about a week after his departure, and that he finally recovered and is now enjoying good health. It is gratifying to know the patient got well at *last*, and we cannot but suppose he would have done so *at first* if a full bleeding had been performed, as it had been, and with such a good result, in case number one.

June 1. Mitral Disease of the Heart, with Autopsy.—Dr. J. FORD THOMPSON presented a heart with calcareous deposit in and around the mitral valves, and the following report of the autopsy:—

On the 23d of April, at the request of Dr. Thos. Miller, I made an autopsy on the body of a man who had died the day before. Disease of the heart had been diagnosed, and the chest was first opened. The pericardium was greatly distended, and occupied a much larger space anteriorly than natural. I noticed at the same time that the right pleural cavity was filled with serum containing pus; there was a smaller quantity in the left pleura. On opening the pericardium about eight ounces of serum escaped. The heart was much enlarged, more from dilatation than from hypertrophy. It weighed one pound and two drachms. The serous membrane was not inflamed, and no lymph was found in it. The auricles and ventricles were much dilated, particularly the left auricle, which was large enough to hold six or eight ounces of the fluid. The muscular tissue of the organ did not seem to be hypertrophied, but there was general enlargement with dilatation. The valves were all found healthy except the mitral, in and around which there was an extensive deposit of calcareous matter, which extended nearly around the fibrous ring, so that it was impossible to close the orifice.

The fluid in the right pleural cavity measured about half a gallon; it was milky in appearance, and contained flakes of lymph. The left cavity contained about a pint of the same fluid. The lower lobe of the right lung

¹ In conformity with Dr. Hammond's views, that this medicine lessens the amount of blood circulating within the cranium.

was hepatized, as was the lower lobe of the left lung. The superior lobes were healthy. The examination was not extended further.

This man was about 27 years of age, and had had several attacks of acute rheumatism during his minority. The date of these attacks I could not ascertain. He was first seen in this city by Dr. J. W. Bulkley about six weeks before death. He complained of shortness of breath, and pains about the præcordia. The chest was carefully examined by the doctor, and the diagnosis made was pericarditis with effusion. Three days later Dr. D. R. Hagner saw the patient in consultation, and he agreed with Dr. Bulkley that there was effusion in the pericardium. The sounds of the heart were so confused and indistinct that they were unable to form an opinion in regard to the condition of the valves. About two weeks later Dr. Miller was called in consultation who confirmed the diagnosis, and also expressed the opinion that there was mitral disease. Neither Drs. Bulkley or Miller, who were at the examination, seemed to expect that effusion would be found in the pleural cavity.

Dr. Hagner afterwards informed me that he had detected fluid in both pleural cavities a few days before death, and was of opinion that the effusion was quite recent. It is remarkable that there was no anasarca in this case when we consider the extent and duration of the disease. The treatment was conducted on general principles.

Poisoning by Castor Oil Beans.—After the discussion on the above case was closed, Dr. Wm. Lee reported a case, under his observation, of a child who had swallowed several castor oil beans, and catharsis and emesis resulted to such an extent, that the term *poisoning* might not inappropriately be applied. Under stimulant treatment the child recovered.

PROCEEDINGS

OF THE

CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

1867. April 6. *Aneurism of Ascending Aorta; Death from Rupture.*
—Dr. C. M. FORD read the following report:—

I was called at noon, April 3d, to see L. S., colored, æt. 51, weight 180 pounds, height five feet six inches, plethoric habit. I was informed by his wife that he had been brought home from his work about one hour before my visit, on account of having fallen suddenly to the ground, suffering from severe pain in the region of his heart, and with inability to move his lower extremities.

The symptoms, at my first visit, were pain in the stomach and bowels; pulse 60, feeble; tongue slightly coated; bowels constipated. He ate for his supper the night before three fried eggs, and the same number for breakfast the next morning (3d). As he stated that fried eggs always gave him colic, and as I could learn nothing at the moment of seeing him to draw attention to the state of the thoracic viscera, I believed him to be suffering from indigestion, and ordered him ℥j of castor oil with ℥ss of turpentine; also, elix. chloroformi (Parrish), ℥ss every half hour until relieved; large mustard plaster over abdomen.

At 4 P. M. I was summoned in great haste, but found him dead on my arrival. His wife stated that the oil and turpentine moved his bowels quite freely about 3 o'clock. She gave him five doses of the chloroform mixture without in any degree alleviating his sufferings. At 3½ o'clock he walked across the floor, complaining of a sense of tightness across the chest; then, falling back on the bed, immediately expired.

Post-mortem twenty-four hours after death.—*Rigor mortis* well marked. Nothing unusual or noteworthy observed in the abdominal contents. In the thorax, however, a more interesting condition was discovered. On removing the heart, and before opening it, there was found an extensive extravasation of blood into the outer tunic of the large vessels and in the neighbouring cellular tissue. The heart itself was of rather more than the normal size, the left ventricle larger and broader than the right; trachea and œsophagus normal in position and condition; ascending and transverse aorta lengthened by an inch at least—double its normal calibre, occupied by fusiform dilatation extending from aortic sinus for 2½ inches up the vessel. External tunic of transverse, and pericardial investment of ascending portions of the arch separated from the middle tunic for nearly the whole extent of the dilatation, infiltrated with blood, and torn in one or two places; several clots came out on washing specimen. On opening heart, walls and valves of right ventricle apparently healthy. Left ventricle, walls thickened, pale and fatty; mitral valve

normal; aortic valves thickened; orifice small; very slight insufficiency; columnæ carneæ unusually large; internal surface of aorta spotted with atheromatous deposits; at the largest of them the internal and middle tunics have given way, leaving an angular rupture nearly an inch in length.

April 20. Latent Pneumonia.—Dr. H. P. MIDDLETON read the following report:—

I was called, January 18th, 1867, to I. C., mulatto, æt. 30; found him suffering with diarrhœa, some pain through his chest, and great nervous excitement, manifested by extreme restlessness, picking at the bedclothes, &c.; learned that he had been taken sick about 36 hours before, and had been growing worse ever since. Diffused pain in chest; experienced a sense of suffocation whenever he attempted to lie upon his back; nothing abnormal was observed on percussion of chest, and on auscultation only a few moist rales over the left lung. Tongue heavily coated with a yellowish-white fur; stools six or eight a day; no pain in any part of the abdomen; pulse 116, soft and full; skin moist and clammy. I learned that he had been in the habit of taking five or six glasses of brandy each day, and that during the week past he had exceeded that quantity. Respirations about 26 per minute. I diagnosed the case to be one of incipient delirium tremens with diarrhœa. Ordered chalk mixture, and a scruple of bromide of potassium at 7 and 9 P. M.

19th. More composed; has not slept; diarrhœa continues—same treatment.

21st. Not so well; has not slept, and is more excited; diarrhœa has assumed a dysenteric character; pain in the chest now confined to the anterior portion of the left side; says it is the pain which prevents his sleeping; coughs a little, and expectorates quite freely a little mucus and saliva; has had no chill; nothing abnormal elicited by percussion; mucous and submucous rales over the greater portion of left lung, detected by auscultation; is unable to lie on either side. Ordered hydrarg. chlor. mit. gr. iv; ant. et potas. tart. gr. j.; pulv. Doveri ℥ij, to be divided in pulv. viij, one to be taken every 4 hours; scruple doses of potas. bromid., to be taken at 6, 8, and 10 P. M.

23d. Slept a little for the last two nights; dysenteric symptoms much improved; tongue cleaner.

24th. Slept none last night because of pain in the side; cough and expectoration the same. Ordered a blister 6x8 to the painful side.

27th. Dr. J. T. Young in consultation; patient very weak; pulse, which had fallen to 84, has risen to 120, and is very weak and compressible; respirations increased in frequency; tongue tremulous when protruded. Examination with Cammann's stethoscope reveals pneumonia in a state of resolution affecting a portion, and probably the whole of the lower lobe of the left lung. Ordered large warm poultices continuously to the side, and also 4 ounces of brandy and a pint of beef-tea daily.

28th and 29th. Patient has slept both nights, and is much improved; still complains of pain in the side. From this time he made a steady convalescence, and on February 9th walked out; discharged cured on the 23d.

Dr. Middleton called attention to the absence of definite symptoms of pneumonia, except the increased respiration and slight cough, and expectoration, also to the presence of nervous excitement, protracted

wakefulness, and diarrhœa, which, with the man's history, had caused his first diagnosis of delirium tremens.

August 3. Fibrinous Concretions within Heart.—Dr. S. J. Todd presented a specimen of this, with the following history:—

January 5. Saw in my office R. B., mulatto, barber, æt. 35, stout and of healthy parentage. Habits are good, though he had formerly been very intemperate. The disease for which he consulted me was syphilis, at that stage when the later secondary and earlier tertiary symptoms seem to merge one into the other; the initial lesion had been contracted about two years previously. The symptoms all yielded to a course of mercury exhibited internally and by fumigation. The iodide of potassium was also given at the latter part of the treatment. In July of same year he again came under my care; this time with symptoms of dyspepsia, for which tonics and a regulated diet were ordered. He improved somewhat, but on the 17th I was sent for and found him suffering from an attack of hepatitis. The liver was enlarged, but at no time was there much febrile reaction. The heart was irregular in its action, but no signs of organic disease of that organ were found after a careful examination. Small doses of calomel were given, and with good effect, the patient returning to his business in three weeks from the date of the attack. I continued to see him from time to time during a period of nine months, as his old disease (syphilis) would occasionally manifest itself. On the 18th of May, 1866, was again called to see him, and found the same hepatic symptoms with anasarca in addition. The urine was tested and found normal, except a slight trace of sugar. Prof. G. R. Dove saw the patient with me at this time, and confirmed my diagnosis as to the absence of organic disease of the heart. Tonics and a nutritious diet were ordered, but no improvement took place as regards the dropsy, which steadily increased and soon became general. The severer hepatic symptoms subsided, and elaterium and the nitro-muriatic bath were given, the former relieving the dropsy somewhat, the latter without appreciable benefit. Nothing of interest transpired till the 1st September, when, on examining the heart for the third time, a regurgitant murmur was heard, and its action found regularly irregular, losing one beat in three. The patient was seen by Drs. A. T. P. Garnett and J. T. Young in consultation; and valvular insufficiency was diagnosticated. The patient passed from under my care, but I learn from his medical attendant that the treatment was directed to improving his general condition and relieving the dropsy by the occasional use of cathartics, diuretics, and diaphoretics. He expired suddenly the 28th of June, 1867, and the following day, fourteen hours after death, I made an autopsy, assisted by Dr. H. A. Robbins.

Rigor mortis marked; abdomen enlarged and distended; lower extremities œdematous; abdomen punctured and gave exit to seven quarts of straw-coloured fluid. On opening thorax the pericardium was found distended with the same fluid to the amount of four to five ounces. It was firmly bound to pleuræ. In cutting the large vessels at the base of the heart a fibrinous clot of pink colour was seen hanging from the pulmonary artery, and being accidentally drawn out was found to be six inches in length, about the thickness of the forefinger, and terminating in a blood clot. On opening the abdominal cavity, the liver was found somewhat enlarged and firmly bound to diaphragm, and surrounding viscera by broad adhesive bands. It was slate coloured, and covered with circular yellowish spots, varying in size from $\frac{1}{8}$ th to $\frac{1}{4}$ th of an inch in diameter;

its peritoneal coat was much thickened and easily detached, exposing depressions corresponding in size and shape to the spots.

The following is a description of the heart, which was carefully examined by Dr. Wm. B. Drinkard: Dimensions of heart perceptibly increased (weight and measurement not taken, examination being very hurriedly made); no appearance of fatty degeneration, nor of any change in pericardium. On opening heart all four of its cavities were found lined, and its orifices nearly occluded, by fibrinous concretions of a pale pink hue, elastic, possessed of a considerable power of resistance when torn away, and of a fibrous texture. They were closely applied against the walls of the cavities, and entwined amongst the columnæ carneæ and tendinous chords of the valves, in such a way as evidently to offer an obstruction to the free play of these latter during life. The columnæ carneæ were very much hypertrophied, some of them being of unusually large size. No abnormal appearance was discoverable in the endocardium; the fibrous deposits being simply in apposition with it, and not adherent, as they were very easily removed. On examining the condition of the valves, the aortic and pulmonary were found natural, retaining liquid very perfectly. The tricuspid and mitral valves were insufficient in a marked degree. The venæ cavæ and pulmonary veins had been cut off close where the heart was removed from the body, so that both auricles were opened. There was no change in the texture of the valves. Although all the cavities of the heart were dilated, yet there was no indication of hypertrophy of its substance, beyond that of the columnæ carneæ already noticed.

October 5. Delirium Tremens treated successfully by large doses of Capsicum.—Dr. C. M. FORD reported the following case:—

Mr. —, thirty-five years of age, nervous temperament; small stature; weight one hundred and twenty pounds. His regular habits for years have been six months temperate, and six weeks continuous drinking. First seen August 4th, at 9 A. M., when he presented the well-marked phenomena of delirium tremens, as muscular tremours, delirious hallucination, cool extremities, and inability to sleep. Ordered twenty grains of capsicum, to be taken at once in form of bolus. In less than half an hour after its administration he fell into a quiet sleep, which continued three hours. Upon awakening beef-tea was given, as also two ounces of whiskey. 2 o'clock P. M. Patient feeling better; the frightful hallucinations only present when eyes are closed. Another bolus of twenty grains of capsicum ordered, which again produced sleep in half an hour. 9 o'clock P. M. Patient still sleeping. Awoke at 10 o'clock, and took beef-tea and whiskey, after which he again went to sleep and slept all night.

August 5. At 9 A. M., just twenty-four hours from first visit, found the patient almost perfectly relieved, except diarrhœa, which commenced early in the morning. He conversed freely, and remarked that after taking the first bolus, he experienced a sense of warmth, first in the stomach, and then throughout the whole body. He stated that he had had four attacks previously, commencing like this one, and lasting from four to eight days.

6th. Patient walked to his office, and on 7th resumed his regular duties.

October 19. Chronic Laryngitis and Tracheotomy.—Dr. D. W. PRENTISS reported the following case:—

Mrs. M., aged 21; good constitution; healthy parentage on mother's side, father's family consumptive; both parents living; had been married

three years. From all evidence to be obtained has never had syphilis, nor is of tuberculous diathesis.

Present disease (chronic laryngitis) commenced in August, 1866, with sore throat, fever, hoarseness, and paroxysmal aphonia, and continued with exacerbations and remissions until December following, when it was partially relieved by treatment by Dr. J. F. Howard. (Dr. Howard's treatment was nit. silver in strong solution locally by mopping, alterative doses of blue pill until the gums were touched, and then iod. potassium gr. v, three times a day.)

I first saw the patient while attending her sister for fracture of forearm, January 28, 1867. At that time she was suffering from aphonia, speaking only in a whisper, and had a troublesome, irritative cough; the breathing was laboured and wheezing as in croup; there was soreness on pressure upon the larynx, though not marked. Laryngeal difficulty was evident. Thinking the trouble in breathing might be due in part to a nervous element, since it was paroxysmal, and wishing to determine in how far this might be the case, I ordered bromide of potassium in 10 gr. doses three times a day. No fever; appetite good.

February 4. No improvement in symptoms. Iod. potassium gr. v, three times a day substituted for bromide; blue pill gr. jss; ext. hyosc. gr. j; sulph. quinia gr. j, to be taken three times a day.

16th. But little change. Treatment continued.

18th. Treatment changed back to bromide of potassium gr. xx, three times daily, and an expectorant of syr. senega and morphia ordered.

This last course of treatment was continued up to March 3d, but without avail; difficulty of breathing very much increased during past few days, until the afternoon of this date (March 3d) the patient became almost moribund from suffocation. On reaching the house and finding this state of things, I immediately proposed tracheotomy, but the idea of cutting the patient's throat to save her life was so repugnant both to herself and friends that considerable time was lost before I succeeded in making them understand that that only remained to be done, and that it would be a neglect of duty to leave it untried.

I again entered the sick-room to prepare the patient for the operation, and found her, as I thought, *dying*. The face was livid almost to blackness, the eyes wide open and rolling, the lips blue, the whole countenance pinched, and having the expression that I have always considered hippocratic; the pulse at the wrist was imperceptible. The case seemed hopeless, and I turned away and left the house, giving the patient up to die. On the following day, however, greatly to my surprise, word was brought that she was still alive; that shortly after I left she had taken a favourable turn; the breathing became easier, and life, as it were, returned. On calling I found the patient breathing with comparative comfort, but extremely debilitated; pulse at the wrist barely perceptible, and the face still livid from the struggle of the previous day. I immediately called in Dr. N. S. Lincoln for consultation. He was of opinion that the present condition not being dangerous, the difficulty of breathing having to a great extent passed away, it would be better not to operate unless the symptoms should again become urgent. That same night (March 4th) another paroxysm occurred, similar to the one of the 3d, but even more severe, if that were possible without causing death, the friends not sending for a physician because they thought she could not survive until one

reached the house. A change again took place, however, and the morning of March 5th found the patient still numbered among the living.

March 5. In consultation with Dr. Lincoln, it was determined to perform tracheotomy at once, which was performed in the usual manner, a circular piece cut from the rings of the trachea, and the wound held open by wire hooks and an elastic band around the neck, improvised for the occasion. The opening of the trachea was followed by a long inspiration and a sigh of relief.

6th. Doing well, breathing quite comfortably through the wound in the trachea. Talks in an almost inaudible whisper.

7th. Much irritation of bronchi, with excessive expectoration through the tracheal opening. No rest during the night. Ordered 25 drops McMunn's elixir of opium to be taken at bedtime.

9th. Wire hooks removed, and double canula tracheotomy tubes introduced.

20th. Patient has been steadily improving up to date; has been sitting up since the 16th. Bronchitis and expectoration nearly disappeared. Voice still a whisper, but somewhat stronger. Attendance discontinued. Since operation, the air of the room has been kept carefully warm and moist, and the opening in the throat protected by a gauze veil.

I have neglected to mention, in the above record, that on the 27th of February, a week previous to the operation, I tried vapour inhalation by Richardson's atomizer; first, nitrate of silver gr. ij to f̄j of water, and following it by watery solution of opium—administering the inhalation myself, and each time for half an hour by the watch. This course of treatment was continued until the severity of the paroxysms rendered tracheotomy unavoidable.

Dr. Prentiss called attention to the following points for discussion:—

1. The nature and import of the disease in the case: Is it simple, idiopathic chronic inflammation? or is it of a specific character?
2. The value and indication of tracheotomy in such cases.
3. The use and importance of the laryngoscope.

At the meeting of the Society held a week previous to the one at which the above paper was read, Dr. P. brought Mrs. M. for exhibition to the members. At that date (October 7th, 1867) she was in good health and spirits, able to follow her business of seamstress as well as ever in her life; was still wearing the tubes, without which she could not breathe easily; voice a whisper, made audible to the distance of ten feet, by closing the opening in the tube. She had become so accustomed to the tubes that they gave her no discomfort, as she could readily remove and cleanse them herself.

Note.—October 20, 1868. The above patient has been under my occasional observation ever since the date last mentioned above. She continues to wear the tubes, which she is not able to do without. They are sometimes closed with a cork for half an hour or more, a sense of tightness in breathing necessitates their being again opened. Mrs. M.'s general health is as good as it ever was; the only difficulty she has had, has been the occasional formation of an abscess around the external opening into the trachea, apparently caused by air getting between the external tube and the neck.

It was my desire to institute a course of treatment through the aid of the laryngoscope, but the disinclination of the patient to any further surgical or medical interference, prevented. However, I succeeded in

making two examinations with the laryngoscope—one on November 15, 1867, and the other November 18th. At the first, the epiglottis was found somewhat irregular in shape, but free from inflammation or swelling; the ventricular bands, cartilages of Wrisberg, and capituli Santorini of both sides, were enlarged to twice their normal size, and of redder colour than natural, but showing no signs of ulceration. The vocal cords, of which only a small portion could be seen past the swollen parts in front, presented a notched appearance, but no excrescence of any kind could be discovered.

At the second examination, three days later, considerable difficulty was experienced on account of the supervention of an acute attack, from an imprudent exposure to inclement weather.

It was, of course, necessary to close the tracheal opening, in order that the epiglottis might open fully, and this could not be tolerated for more than one minute at a time, because of dyspnœa.

The vocal cords could not be discerned at all, on account of the swelling; the larynx was entirely closed; its interior presenting just the appearance of a piece of raw beef. I was not able to separate its different parts, one from another with the eye.

This condition, I think, must have been similar to that which made tracheotomy necessary.

December 7. Encephaloid Abdominal Cancer.—Dr. J. F. THOMPSON presented a specimen with the following history:—

L. A. McC., æt. 33, lawyer by profession, but for several years previous to death a clerk in one of the government departments; poor health for the past two years, and had frequently consulted physicians. At this time the patient was conscious of a tumour in the abdominal cavity, which he himself thought was a disease of the stomach, and in consequence would diet himself, sometimes abstaining from meat for a long time; at other times from some other article of diet, which he imagined gave rise to the unpleasant sensations and severe pains which he experienced. He continued gradually to grow worse, becoming thin and cachectic, but was not confined to the house, nor prevented from attending to his ordinary duties, until a few days before his death.

Dr. A. Y. P. Garnett was called to see him, Oct. 28th, and visited him also on the morning of the 29th. He observed the tumour which at this time was well defined, and ordered appropriate remedies to relieve pain and improve his general condition. He was sent for again in the evening in great haste, and on arriving at the house found the man had died suddenly. It appeared that his sister had left him comfortable at 8 o'clock, and on returning to the room in half an hour found him dead.

Autopsy seventeen hours after death, in presence of Drs. Miller, Stone, Blanchard, Garnett, and Ashford.—Discoloration of sides and back of trunk and back of neck from venous congestion. Large tumour in right lumbar, encroaching upon the umbilical region; this tumour was situated just below the right lobe of the liver, and in front of right kidney; was covered with peritoneum, slightly movable laterally, but immovable vertically; it was free from adhesions in front and at sides, but posteriorly strongly adhered to coats of aorta and ascending vena cava. It seemed to be developed in the cellular tissue between these vessels, since they were separated to the extent of $2\frac{1}{2}$ inches, leaving this much of the tumour between them, not at all adherent to the parts beneath. The

aorta and vena cava being cut above and below, the tumour was removed without difficulty. It measured $9\frac{1}{2}$ inches in circumference, and weighed 12 ozs. ; quite soft to the touch, about the consistence of healthy brain, but at some points softer. The aorta was slit up posteriorly and its cavity found natural; the anterior surface was strongly attached to the coverings of the tumour, as already mentioned. The vena cava was opened in like manner, and at the centre of its anterior wall a rupture of its coat was discovered, which presented very much the appearance of an ulcer. It measured an inch vertically, and half an inch transversely, and was surrounded by a prominent border of clotted blood. This rupture, I believe to have been the cause of death. The surface of the tumour thus exposed, was concave, cup-like, as though a teaspoonful of its substance had been dipped out; abdominal organs healthy; heart perfectly natural; contained some blood, but the relative quantity in the two sides was not remarked; no clots in either side, but the pulmonary artery was completely filled up with a firm hard clot, which extended into each lung; lungs healthy and natural, with the exception of a small, hard tubercle in the right. No examination of cranium made.

An interesting question arises in this case as to what relation this rupture of vena cava had to the immediate cause of death. In my opinion it is not necessary to go farther. The cancerous matter, of which there must have been considerable, having entered the venous circulation, was carried through the heart directly to the lungs, interfered with the circulation in the smaller arteries and capillaries, producing the clot found in the pulmonary artery, and thus brought about the fatal result.

PROCEEDINGS

OF THE

CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

1867. Dec. 21. *Extra-uterine Fœtation*.—The following case, accompanied by the specimen, was reported by Dr. WM. LEE:—

Mary A., mulatto, aged 28 years, married, large form, fine physique, and apparently with a healthy constitution, never having had any serious sickness since the age of puberty. Has one child eleven years of age, the result of her first pregnancy. Her first husband dying, she married again in 1861, became pregnant and had a miscarriage in 1864, and another in 1865, both occurring at about the third month. About Oct. 15, 1867, she missed her regular menstrual flow and supposed herself to be again pregnant. Soon after, Nov. 1st, she complained of a constant pain in the right iliac region, which became somewhat tender on pressure, with an inability to lie on that side, while the left iliac region, as she advanced in pregnancy, began slightly to enlarge—giving rise to surmises on the part of her old women friends as to the probable sex of the inclosed contents—they deciding that girls always lay to the left.

December 7. Patient engaged this morning in removing the furniture of her house to one some eighteen blocks distant, and rode most of the way on a furniture wagon. The pain in her right side seemed to increase in severity on this day until about 3 o'clock P. M., when she complained that the pain had ceased, but that she felt worse than before, being affected with sickness at her stomach, and having an uncomfortable, indescribable, feeling of distress. She was taken home in a hack, and at 6 P. M. I saw her for the first time. Found her extremities and body very cold, notwithstanding the amount of covering on the bed; no pulse at the wrist, heart beat distinct, slow and regular; lips pale, mind clear, but an indisposition to talk; no pain, but complaining of a constant nausea and faintness; a somewhat distressed countenance, with a constant tossing to and fro in the bed. Ordered perfect rest, warmth to the extremities, stimulants in the shape of hot whiskey, and a dose of pulv. Doveri. The remedies proved of no avail, however, as at 7 P. M. she died, retaining a clear mind to the last.

Thirty-eight hours after death made an examination of the body, assisted by Drs. F. A. Ashford and L. J. Draper. Rigor mortis well-marked. An incision through the abdominal walls showed about an inch and a half of adipose tissue; abdomen and pelvic cavity filled with blood and clots, which nearly half filled a wooden water bucket, capable by measurement of holding two and a half gallons. In one of these clots was found an embryo apparently of about ten weeks growth with the membranes and a part of the chorion attached. The uterus was enlarged,

with thickened walls, and presented on its fundus, both anterior and posterior surfaces, a few small vesicular cysts. It measured in breadth, at the fundus, from the insertion of the Fallopian tube on one side, to a corresponding point on the other, three inches; and in length, from a central point on the fundus to the os externum, four and a half inches. The length of the cervix from the os internum to the os externum measured one and a half inches. The uterine walls were intact, no lesion being appreciable in their tissue. On making a longitudinal incision into the uterus, the walls were found to be thickened to the extent of three-quarters of an inch, with large open sinuses interspersed throughout their tissue; the cervix and os externum contained a mucous plug; the right Fallopian tube seemed to be impervious—the left had a minute opening into it. Within the walls of the uterus was a thickened, rugged, apparently very vascular decidua, covering the entire internal aspect of the uterus down to the os internum; the anterior deciduous coat was readily peeled off, leaving beneath it the smooth denuded wall of the uterus; that of the posterior wall was left *in situ*. The left ovary was not examined carefully, but seemed to present nothing unusual; Fallopian tube normal; in the right ovary there was no sign of a corpus luteum, but it contained a large cyst at least half an inch in diameter inclosing serum. The right Fallopian tube at a point about midway between the uterus and ovary, or, perhaps rather nearer the uterus, was enlarged to the diameter of two inches—having a rupture on its surface one and a quarter inches in its long diameter, and contained clotted blood with what appears to be a portion of the chorion. We did not seek further for the bleeding vessel, as it was undoubtedly situated within the tubal tumour, and to disturb its contents would tend to injure the value of the specimen.

The cause of death having been found, no further examination of the body was deemed necessary.

1868. Jan. 9. *Hemiplegia following the inhalation of Nitrous Oxide; subsequent Typhoid Fever*.—Dr. F. A. ASHFORD, Assistant Surgeon Columbia Hospital for Women, reported the following case:—

Lizzie J., æt. 16 years, was admitted to Hospital September 16, suffering from hemiplegia of left side. Born in Italy; had been in this country but a year or two. Had never menstruated; was well developed; of a lively temperament, and had always enjoyed good health until two weeks before admission, when, having suffered for several days with backache, flushes, and intense odontalgia of four upper incisor teeth, she, believing her trouble arose from them, visited a dentist, and while under the influence of nitrous oxide gas, had them extracted. Said, when first aroused, they told her she had been insensible for two hours. Her head ached very severely, and she started home, but grew faint and dizzy, and remembers little that occurred until next morning, when she found her left arm useless. Pain in the head continued; was at times delirious, so as to require being tied in bed. A week afterwards visited a woman who gave her ten "electric baths;" but they made her worse, and increased the pain in her head. Her lower left extremity soon became affected. When she entered hospital she seemed somewhat anæmic; pulse rather weak, but good; temperature 98° by axillary thermometer; respirations 20. The left facial muscles considerably involved, and, when eating, the food got outside her teeth, so that mastication could not be accomplished except by removing it to the right side. This



A *deciduous membrane in situ.*

B *decidua reflexa artificially
attached.*

C *tubal tumor showing rupture.*

difficulty arose principally from paralysis of buccinator. Laughed only on one side; her tongue, when protruded, inclined to the left, and at times articulation was difficult. The left side of her head, as she expressed it, felt twice as large as the right; headache frequent. There was loss of sensation, as well as the power of motion in her left upper and lower extremity. No trouble with bladder; bowels sluggish; had not been moved for eight days. Could walk by dragging her foot along and holding to some support.

The treatment adopted was essentially tonic, with a generous diet, and a pill morning and night, containing $\frac{1}{3}$ gr. of extract of *nux vomica*, which relieved constipation.

Oct. 1. Could walk up and down stairs with the aid of the baluster, and could carry her hand to her head by a series of jerks, but could grasp nothing with the least degree of force. Sensibility returned, inasmuch that she became sensible of pain when the affected parts were pinched, but could not distinguish whether one or two points of a pair of compasses touched her, when separated one-fourth of an inch. Her urine was examined by Dr. Southworth; colour and odour normal; sp. gr. 1020; acid; deposit slight, gelatinous, consisting of a few crystals of oxalate of lime and pus-corpuscles.

Dr. J. H. Thompson, surgeon in charge, noticing a similarity of some of her movements to chorea, suggested the use of bromide of potassium in 3ss doses *ter die*, and spine to be painted with ethereal tr. of iodine. The bromide was continued for ten days, but with doubtful efficacy. (I would here state, that no cerebral symptoms, as noticed by Dr. Hammond, were manifested.)

Oct. 27. Suffering extremely with headache; has been feeling badly for several days, with pains in her back, and anorexia. In the evening, epistaxis was profuse, and continued, at intervals, for several days, entirely relieving her headache. On the 29th, temperature was 101.8° ; pulse 101; respirations 24. On examination of a chart which I have had made, showing the range of temperature, pulse, and respiration up to the thirty-eighth day of fever, I find that, on the sixth day, the temperature was 104.3° , or ranged between this and 103° until the tenth day, on the morning of which it was 100° , and in the evening 102° . The evening exacerbations now became well marked, the temperature on the twenty-first day sinking to 98.6° . Diarrhoea was present on the fifth day, and the rose-coloured eruption on the 11th. Her urine, examined frequently, showed nothing very abnormal until the twelfth day, when pus and fatty granular casts appeared; nineteenth day, pus, granular casts, vesical and vaginal epithelium, and vibriones, composed the slight deposit. By December 3d the urine became normal, and no casts could be found.

Her treatment from commencement of fever consisted of stimulants and nourishment; the former embracing wine and whiskey, the latter in the form of beef-essence; occasionally liq. ammon. acetatis, Dover's powder, and ol. turpentine from twelfth to twentieth day. On thirty-third day relapse took place; temperature rose rapidly to 103° , with great prostration; very rapid and weak pulse, and delirium. For several days it remained between 103° and 104° , but soon after declined. During her relapse, Dr. J. H. Thompson seconded my request to use strychnia and belladonna. She took $\frac{1}{24}$ gr. strychnia, and $\frac{1}{2}$ gr. ext. belladonna every six hours until its specific action commenced, which was in forty-eight

hours. Afterward took 20 gtt. elix. phos. ferri, quiniæ et strychniæ, *ter die*, and her improvement was rapid in every respect. . . .

Did the *nitrous oxide* produce congestion of the brain and effusion into its ventricles or tissue, or did the hemiplegia result, as was at first supposed, from exhaustion? (The fact of having taken nitrous oxide came to our knowledge some time after her admission.)

This young lady was of that age when she ought to have menstruated. Might not her organism have been at that time undergoing menstrual excitement, as manifested by "pains in her back, flushes, and toothache?" and may not this have been the predisposing cause of her apoplectic condition produced by the gas? Again, what relation exists between her pathological condition and typhoid fever? At this time, when the theory is pressed that typhoid fever is essentially a nervous fever—that Peyer's patches are but tufts or ganglia of the great sympathetic system, might we not discover some verification of its truth in this case?

Jan. 8. Since the above was written this patient has been daily improving, and now walks about with ease. Her face is unaffected, and her extremities are regaining their wonted strength; has no headache, and is anxious to return home. Still takes the phosphates of iron, quinine, and strychnia.

January 30. Pyæmia following a comparatively trivial Surgical Operation.—Dr. A. F. A. KING reported the following case: C. N., a black man, æt. 28; labourer; general health good; not habitually intemperate, but occasionally becomes intoxicated, when his appetite for drink is fully indulged. On several occasions he has received cuts and bruises while intoxicated, but they have always readily healed. Dec. 25, while in a state of inebriation, he fell under the wheel of a street car and received the following injury: the tissues of the palmar surface of the little finger were crushed and grazed off down to the phalanges, leaving these bones almost bare, and the second phalanx broken. The neighbouring ring finger was crushed and broken still more, the extreme end of it, together with the nail and ungual phalanx, being cold, discoloured and insensible. The middle finger grazed on its palmar surface but not broken. The axilla between the ring and middle fingers was split up into the hand, on the palmar surface, and deep in between the metacarpal bones, to the distance of one and a quarter inches. In addition to these injuries, there was a severe contusion over the right scapula behind, and on the top of the shoulder over the acromion. Two hours after the accident, there were no symptoms of shock, and the patient being very drunk and unmanageable, the wound was simply cleansed and cold water dressing applied.

On the succeeding day the same treatment was continued.

Dec. 27. The ring finger amputated through first phalanx, one-third its length from the metacarpo-phalangeal articulation. Chloroform was inhaled to the amount of $\frac{3}{4}$ ss before anæsthesia was produced. The tissues of the stump were swollen and infiltrated with serum, at the time of operating.

During the first few days succeeding the operation the hand, fingers, and forearm were kept constantly irrigated with water, more or less cold, to suit the sensibilities of the patient. The free surfaces—all of them—soon began to discharge laudable pus in normal quantity, and were covered with healthy granulations; the bowels becoming costive (owing

probably to an occasional opiate given at bedtime), a dose of magnes. sulph. was taken with relief. All heat and redness of the parts having subsided a few days after the amputation, the cold dressings were discontinued, and lint with simple cerate substituted in their stead.

By the 7th of January, the stump had united, except on the side towards the middle finger, where the tissues had been torn by the injury. All other raw surfaces granulating well, a line of new skin creeping over their circumference, and the discharge of pus in every way normal. No fever or pain, tongue clean, appetite and spirits good. The bowels, however, not having been moved for three or four days, \frac{ss} castor oil was ordered.

Dating from the operation of this generally mild and harmless medicine, the whole aspect of the case was changed. On the afternoon of January 7th, and throughout the whole of the succeeding night, he was purged incessantly.

Jan. 8. Considerably exhausted, very restless and nervous, no sleep last night; tongue coated with white fur. The wounds are dry and inactive, the discharge of pus from them having almost entirely ceased. Ordered warm poultices to wounds, and mixture containing tr. opii and spts. eth. co., to be given every two hours, until bowels quiet and patient sleeping. Also nutritious liquid diet, and some whiskey.

9th. Was attacked last night with severe pain, and there is now exquisite tenderness of the right shoulder, both in the vicinity of the joint, over the scapula, and half way down the arm. Eyes very slightly yellow, tongue heavily coated, breath offensive, but no pyæmic odor (sweetness) discoverable in it; pulse 104; skin dry; urine scanty and high coloured. The bowels were quieted and sleep produced during the first part of the night after taking the anodyne mixture. The wounds still dry, or discharge only a few drops of *reddish looking pus*. With a view of stimulating the secretions, especially of the liver, kidneys, and skin, he was ordered a small dose of blue pill, and a mixture containing spts. eth. nitrosi; fld. extr. taraxacum; and vin. ipecac. The anodyne at night. The painful shoulder was painted with cantharidal collodion, and poultice directed to be applied after the skin had vesicated.

10th. Nine A. M.; pulse 120; eyes and skin yellow; tongue dry, coated, and beginning to become brown in centre. Has vomited once only. Though at times feeling unpleasantly cool, he has had no well-defined rigors. Urine of deep amber colour and in tolerable quantity. Bowels open once. Great nervousness with trembling of the lips and fear of being handled. On gently pressing almost any part of the body, he cries out with pain, but bears it without complaint after the first touch is past. This hyperæsthesia was, however, most marked, in the upper extremities. The shoulder is less painful, but still very tender to the touch; no fluctuation, indicating abscess, could be detected in it. Wounds dry or nearly so, somewhat enlarged by sloughing. There is now also pain in the right chest, with an occasional cough, but no expectoration. Dulness, crepitant rale over lower portion of right chest anteriorly. Ordered beef-tea and whiskey in ample quantity, every two hours with anodyne at night.

11th. Wounds unchanged. Pulse 120 and feeble; deeply jaundiced. Urine scanty and high colored. Bowels not open. Tongue dry, brown, and thickly coated. Less pain in the shoulder, more in chest. Hardly any cough. Expectoration scanty, very viscid, tenacious, and of a light

bluish or leaden colour. Respirations forty-eight per minute. Dulness and bronchial breathing of lower right breast anteriorly. Slight pneumonic symptoms of left breast also. Continues to take beef-tea, egg-nog, and whiskey, though in less quantity, from his unwillingness to swallow them.

12th. General symptoms much the same, but with increased debility. He is apathetic and indifferent; though very sensitive to pain on being handled. Respirations forty-eight and short. He is unable to cough, and refuses to take anything from his alleged inability to swallow. A pint of high-coloured urine drawn off with catheter. He continued to sink, the mind remaining always clear, and died seven and a half P. M., eighteen days from the date of the accident, and five since the day on which he was purged by castor oil, immediately after which his pyæmic symptoms first made their appearance.

Autopsy eighteen hours after death.—Rigor mortis well marked. General surface distinctly yellow. The trunk is quite warm, though the body has been in a cold room without fire, and the weather very severe. In the inferior lobe of *left* lung beneath the pleura, so as to be distinctly seen through that membrane were five or six yellow abscesses, about the size of a split pea. Lung tissue generally much congested (except at apex) and in some parts hepatized. Inferior and middle lobes of *right* lung hepatized almost throughout their whole extent. Several small abscesses beneath the pleura, like those on the left. None of these abscesses could be found in the inner texture of the lung, but only on the surface. Heart deeply tinted yellow, but presented no other abnormality. *Pleura* was injected throughout. *Liver*: A mass of its tissue on the superior surface of the right lobe, immediately beneath the diaphragm, and equal in size to the human fist, was found disorganized into shreds; a large abscess having formed and broken at this point. It contained, however, not fluid pus, but a soft semi-solid matter, having a yellowish-brown and somewhat hemp-like appearance.

Another abscess, about the size of a hen's egg, and containing the same yellowish-brown disorganized tissue, was found deeply situated in the central portion of the same lobe. Also several other smaller abscesses. Almost the entire right lobe was of a dark bluish-green colour from congestion. The left lobe was also slightly congested in its inferior part, otherwise healthy. Lobus quadratus, and lobus Spigelii normal. The gall-bladder was quite full of thick inspissated bile, of a blackish-green colour, and so tenacious that strings of it could be stretched out three feet in a horizontal direction without breaking. *Spleen* slightly congested; and perhaps slightly softer than natural. Size normal. *Kidneys* normal. *Bladder* closely contracted and empty.

On opening the right shoulder-joint, there came out thick sanious pus, having a somewhat fetid odour. The contused parts about the shoulder were of a dark liver colour and infiltrated with serum. The left elbow-joint (in which the patient had also complained of great pain) was opened, but contained no pus.

The revelations of the autopsy were therefore chiefly these: double pneumonia, advanced to hepatic consolidation, with minute abscesses beneath the visceral layer of the pleura. Intense congestion and large abscesses in right lobe of liver. Gall-bladder filled with inspissated bile. Abscess of the right shoulder-joint.

February 13. Menorrhagia and Cervical Leucorrhœa.—The following cases were reported by Dr. WILLIAM LEE, to illustrate the benefit of the sponge tent in such affections :—

CASE I. M. J. C., æt. 20, mulatto, native of United States, unmarried, with one child. Has never been subject to disease, and is of robust habit.

Jan. 30, 1868, found her suffering from an excessive menstrual flow; six weeks before had her regular menstrual period, at the end of four days 'being checked for a week's time, then recurring and continuing without intermission to date, the soiling at least a half dozen napkins per day with fluid blood, passing no clots. She can assign no cause; menses always regular previously; appetite somewhat impaired; looks anæmic and feels very weak, with a constant pain in the small of the back; bowels regular.

Made a vaginal examination, finding the os congested, low down, and to the right; fundus uteri in the left iliac fossa situated anteriorly, and but little enlarged; no abrasions on os; no leucorrhœa; cervix filled with a reddish fluid oozing out of os. Introduced a sponge tent dipped in glycerine, and retained in place by a wad of cotton batting saturated with the same.

31st. Patient has had a profuse pinkish discharge, with slight pain in the left iliac fossa of a bearing-down character. Removed the wad and sponge tent, which was fully dilated, neither of them giving any odour; os dilated sufficiently to introduce index finger into uterus, but could discover no morbid growths; position of os and fundus somewhat more normal; still a slight reddish ooze from the os. Again introduced a tent, as before, and of a somewhat larger diameter.

Feb. 1. Patient feels much improved; watery discharge occurred as before, but has lost its pinkish colour; slept well; no pain to speak of, but a sense of fulness in the neighbourhood of the uterus. Removed tent; no odour; no sign of existing hemorrhage; os and fundus apparently in the axis of the pelvis. Ordered perfect rest and attention to diet.

11th. Patient visited me at my office, and has had no return of discharge or pain, and is feeling quite well.

In this case I wished to test the benefit of the sponge tent alone, and so used no other treatment, with the exception of the glycerine, which however is, I think, an important one. I was induced to try the tent from consulting Dr. Sims' work. I think it acted as a compress and stimulant—as a compress, by adapting itself closely and firmly to the walls of the cervix and uterus, thereby tending to obliterate in a measure the minuter capillaries in its path, and called in muscular contraction to aid it by stimulating the uterine muscular fibres to endeavour to expel a foreign substance. There was here present a tendency to antero-lateral version. Am I not warranted in crediting this muscular contraction as materially aiding to correct the malposition?

As to the insertion of a second tent, immediately after removing the first, with Dr. Sims's ideas in my mind, I feared at least some increase of pain, but took the precaution with both of removing the tents before introducing the speculum.

The glycerine seemed to exhaust the uterine bloodvessels of all the serum they could possibly furnish, relieving all congestion, and, from its antiseptic properties, allowing the tent and wad which had remained in situ for twenty-four hours to be removed without odour.

CASE II. Mrs. F., æt. 28 years, white, native of United States, married, with four children, having had excessive flooding at the time of the birth of each.

May 15, 1867. Called in during absence of family physician, Dr. W. G. H. Newman, and delivered her of a male child; vertex presentation; twelve hours in labour; the placenta and membranes coming away promptly; the uterus contracted firmly, but again relaxed with considerable flooding; patient fainted twice; hemorrhage finally controlled by the use of ice and ergot, but treatment was pursued for at least four hours after the delivery of the secundines. During the ten days succeeding delivery, the patient was subject to attacks of nervous, fainty spells, with marked anæmia and loss of appetite; at which time Dr. Newman having returned to the city took charge of his patient, and I saw her no more until

Aug. 13, when I found her suffering from an excessive menstrual flow, which lasted five days, and was finally checked by the alum plug, and internal use of plumb. acet. cum opio. She was in a very nervous state, having just lost her child. After the flow was checked, on making a vaginal examination, I found the os uteri low down in the vagina, abraded and engorged, with cervical leucorrhœa. The treatment pursued during the month was locally the application of arg. nit. in substance to the cervix and os; cold hip-baths; internally, ferri valerian et quin. sulph. ãã gr. j ter in die, and potass. bromid. in gr. xx doses, with abstinence from sexual intercourse.

Sept. 2. The menses returned, anticipating their proper period by about eight days; the flow was excessive, lasting about seven days, and finally checked as before, but recurred on the 17th for two days. Abrasions and leucorrhœa still marked.

On *Oct. 4* and *Nov. 1.* The menstrual flow returned, lasting about a week each time, and requiring active measures as before to check it. The patient now complains of great weakness, headache, and pain in the back, with a leucorrhœal discharge; and on

Nov. 15 made a speculum examination, finding os engorged and inflamed; no abrasions; cervix filled with a leucorrhœal discharge; cauterized cervix, and used sponge tent and wad of cotton batting, with glycerine.

16th. On removing tampon, found it dripping wet; tent dilated; no odour; os was pale and open; no sign of discharge from cervix. Patient was relieved of the pain in the back and head, and had a profuse watery discharge, but no sign of blood.

27th. No return of symptoms, but used the glycerine tampon, producing another profuse watery discharge; and on *Dec. 1st,* the menstrual flow returned in normal quantity and duration. The menstrual period also recurred in January, being moderate and regular; the patient's general health being much improved.

This patient was unfortunate in having for a husband a man addicted to drink, and in consequence disposed to excessive venery. She had become anæmic from the exhausted nerve force, and the constant drain upon the arterial system of the uterus. The uterus has passed into a state of chronic congestion and irritation, and the slightest ovuline excitement stimulates the uterus to relieve itself of its abnormal condition, even to the jeopardizing of life. Careful examinations were made from time to time, and no abnormal growths discerned.

In the general treatment I found the potass. bromid. answer very well at first to correct the nervousness, but the system became accustomed to its use, and I substituted for it the tinctures of assafoetidæ and valerian with advantage. I also derived great benefit from the assiduous use of iron in its different forms.

NOTE.—In order to complete the history of the last case, I would state that, in the month of February, 1868, Mrs. F. became again pregnant, passing through her term comfortably, and on October 8th was delivered of a female child, the placenta and membranes coming away promptly and the uterus contracting firmly; but, despite my former experience, uncomfortably impressed upon my mind, I was unable to prevent a profuse hemorrhage. The child died within ten days of erysipelas neonatorum. On October 20th and 30th the patient was seized with severe flooding; no clots, placental or membranous debris; os dilatable, and uterus but little enlarged and firm; both times requiring the use of the tampon to check the flow. November 1st. Patient was attacked with phlegmasia dolens of the left leg, and a constant deep-seated pain in the region of the uterus, which subsided almost entirely under treatment in about three weeks' time. At the commencement of this attack, on using tr. ergot to control the flow, she complained of no uterine pain whatever, but a severe spasmodic pain in the left leg with each dose. December 3d and 29th. On both these occasions has been attacked with severe flooding, requiring the use of the tampon and ferri persulph. to check the flow; it lasting from four to five days each time.

February 20. Spurious Labour Pains at Fifth Month—Accompanied by Convulsions.—Dr. D. W. PRENTISS reported the following case:—

Mrs. M., æt. 22, brunette, full habit, native of the United States. Mother of one child, had convulsions following previous labour, and lasting for two weeks, during which time she lay unconscious.

June 20, 1865. Supposes herself to be in the fifth month of gestation, having felt motions of child on 12th of June. Abdomen moderately enlarged, quite soft and flaccid.

25th. Ate a hearty dinner of cabbage, beets, new potatoes, and squashes, besides meat.

On morning of 26th, had paroxysmal pains in the lower part of abdomen at intervals of three-fourths of an hour, which, however, became more severe and frequent until afternoon, when I was called in and found her with all the symptoms of threatened abortion, except there being no discharge from the vagina. The pains were very severe, and occurred at intervals of five or ten minutes—the abdomen becoming hard and the patient straining with each pain. The patient was very confident herself that miscarriage was about to take place. The abdomen was soft and compressible between the pains, and I thought I could distinguish foetal motions distinctly, although they were not strong. Patient unable to pass water except in the sitting posture. Twenty drops McMunn's elix. of opium ordered at once and to be repeated if necessary. Two hours later, condition of things much the same; pains even stronger than before, but not so frequent. On examination per vaginam, found the os uteri quite low down in pelvis, directed backwards; the fundus thrown a little forward, giving rise probably to the difficulty experienced in voiding urine in the morning. The os was roughened as though ulcerated, and tender to the touch. I purposely kept my finger in position until the occurrence of the next pain, but there was no hard tumour pressing down upon, nor any rigidity of, the os. The result of the examination gave rise to the belief that the pains were due rather to spasm of the bowels and abdominal muscles than to uterine contractions. 9½ P. M., was sent for again on account of the patient's having convulsions—

had eight or ten in quick succession previous to my arrival. Immediately sent for a mixture of chloroform and sulph. æther. Before its arrival two convulsions occurred sufficiently severe to require the strength of two men to restrain her. The anæsthetic was administered on a handkerchief, ʒij being used altogether, and the patient under its influence passed from the stage of intoxication to a quiet sleep. I remained until eleven o'clock, watching for a return of the convulsions, but the gentle sleep continuing, I left with instructions to be sent for if they returned. They did not return, however, and the patient slept until daylight, Tuesday morning, when, the pains recurring, she awoke. The pains were now neither so strong nor so frequent as yesterday, but she was nervous, tremulous, and a little wandering in mind. Complaints of intense headache; bowels had not been moved; water passed freely; pulse, 112. Ordered blood to be taken from back of neck by cupping, to the extent of sixteen ounces.

27th, afternoon. Paroxysmal pains continue about the same. Still no vaginal discharge. Ordered tincture of valerian in half-drachm doses. Headache much relieved by the cupping.

28th. Improved. Pains and headache less; bowels not yet being opened, an enema of castor oil and oil of turpentine was ordered; also, full doses of quinia. Injection not operating by afternoon, ʒss castor oil was administered by mouth.

29th. Much better; scarcely any pain, but still very nervous; bowels not yet moved; bottle citrate magnesia sol., ordered. Quinine and valerian continued.

30th. Convalescent. Still no action of the bowels. Treatment continued.

July 3. Entirely recovered. Bowels freely moved since last record.

To complete the history of the above case, I make the following extract from my journal:—

Sept. 29, 1865. Attended Mrs. M. in confinement. Vertex presentation. Duration of actual labour, seven hours. Female child of eight months' development, healthy. Funis coiled once around neck. Mrs. M. had fallen down stairs, Sept. 14th, which caused a bloody discharge from vagina continuing two days. On the 22d, I was called in and found her suffering from severe headache, with paroxysmal pains in the abdomen, occurring at irregular intervals. Bearing in mind the previous attack and fearing convulsions in this; cups were applied to back of neck, and ext. belladonnæ administered internally. The headache was relieved but the abdominal pains continued at intervals up to ten o'clock P. M., Sept. 29th, when they became regular and hard, and the child was born at five o'clock the following morning. Mrs. M. at her previous confinement (Nov. 1863) had very severe convulsions commencing the eighth day *after* confinement and continuing two weeks."

It will be seen by comparing the date of the subsequent delivery (the child being of eight months) with the date of quickening, that the latter took place at the usual time, viz: four and a half months, and that the convulsions occurred at five months.

Dr. Prentiss called attention to two points in the above case which he considered worthy of attention: 1st. The early stage of pregnancy at which spurious labour-pains occurred. 2d. The supervention of convulsions as early as the fifth month, and the very happy effect of the chloroform in controlling them. Of the former, I know not whether it is really

so uncommon to have false labour-pains in the early months of pregnancy or not; but there is no mention of the fact in text-books nor medical journals that I have been able to find. These symptoms are neither unusual nor unlooked for during the latter days of gestation, and we are therefore on our guard at that time.

The frequent occurrence of cases believed to be instances of threatened abortion, and which is considered to be averted by appropriate treatment, renders it possible that the condition of the patient above described, may exist in many instances without attracting especial attention; and this is the more probable, since the usual treatment for threatened abortion would, to a considerable extent, be proper treatment for false labour-pains.

The pathology in the present case, I consider to have been principally spasm of the stomach, bowels, and abdominal muscles, extending its influence to the structure of the uterus itself, producing a neuralgic condition of this latter organ; the cause of spasm being irritating ingesta of cabbage, new potatoes, beans, etc., remaining in the alimentary canal; and the remote cause of the womb's participating being an irritable condition, induced by previous attempts, not heretofore mentioned; on the part of the patient to produce miscarriage, drinking tansy and pennyroyal tea, etc., and among others, the novel expedient of standing on her head. An evidence of the neuralgic element present in the case, is to be found in the beneficial action of quinia. I plead ignorance as to whether neuralgia of the uterus alone is capable of simulating labour-pains.

2d. The second consideration, however, is by far the more interesting. The usual time for the puerperal convulsions is either immediately preceding confinement, during that process, or immediately subsequent to it; the second period mentioned being the most favoured one. Ramsbotham mentions three cases only, that he has been able to collect, occurring in the earlier months of pregnancy—two from Perfect, before quickening (*Cases of Midwifery*, xlv. and xlvi), and one from Meigs, at five months (*Meigs's Sys. Obs.*, p. 408). I have examined the complete file of Braithwaite's *Retrospect* for other such cases, without success.

I conclude, therefore, that puerperal convulsions in the earlier months of pregnancy are of rare occurrence.

At this point, also, I wish to call especial attention to the immediate and permanent effect of the anæsthetic in affording relief, as having an important bearing upon the pathology of this terrible disorder.

Writers upon the pathology of puerperal convulsions may be divided according to their views, into four classes, as follows:—

1st. Those who consider the disease a form of apoplexy, of which class are Ramsbotham and Meigs.

2d. Those who explain the phenomena upon the theory of reflex spinal irritation and pressure, of which class W. Tyler Smith of London, is the representative.

3d. The *Eclectics*, who refer some cases to the one and some to the other theory.

4th. Those who hold to the blood-poisoning theory, as indicated by the albuminuria.

A discussion of these various theories at present would occupy too much time; they are merely offered as suggestive points for discussion.

It will not, however, be amiss to follow out some indications of pathology deducible from the case in hand.

It seems to my mind clear that the cause of the convulsions is to be found in the reflex irritation.

Here was a gravid uterus, rendered irritable by an indefinite number of attempts to produce abortion; here was superadded an alimentary canal, overloaded with the most indigestible of vegetables; and here, finally, was permanent relief obtained from the administration of the most powerful agent we have for the relief of nervous excitation. This patient was a plethoric woman, who might naturally be expected to be liable to apoplexy. But if the attack had been apoplectic, would not the chloroform have increased the mischief by increasing the amount of venous blood in the brain?

What explanation should also be given of the powerful muscular contractions, which are never found in true apoplexy? The medulla oblongata and spinalis are the seat of involuntary muscular action, and to them should we look for the proper explanation of this phenomenon. The history of this case is, therefore, an argument in favour of reflex nervous irritation as a cause of puerperal convulsions, as indeed are, I think, all those cases which are benefited by the anæsthetic treatment. It would be very interesting to follow out the train of argument here suggesting itself, into purely theoretical domain; but the limits of the present paper would not allow of its completion. I shall, therefore, content myself with stating that of twenty-three cases of puerperal convulsions collected from "Braithwaite," those treated by remedies addressed to the nervous system gave the most favourable results:—

7 cases treated by inhalations of chloroform, morphia, or galvanism.

13 cases treated by bleeding and purgatives.

3 cases no treatment.

In that class of cases treated by bleeding and purgatives, there was generally but little apparent good effect from the remedies, the convulsions only ceasing on delivery. The same is true of that class in which there was no treatment.

In several of the cases treated by chloroform inhalation, the convulsions were cut short and did not again return, while the labour progressed favourably to its termination; and in *all* in which the anæsthetic was used, there was marked benefit.

As having a possible bearing upon the disease under consideration, I will bring this paper to a close by briefly mentioning

A case of convulsions attending abortion at six weeks, from excessive loss of blood.

June 7, 1866. Mrs. K., a stout, plethoric German, aged about thirty-three years. Had an abortion at six weeks, caused by over-exertion. Adherent placenta, with excessive loss of blood, to the extent of sixty or seventy-five ounces. Controlled by tr. ergot and persulphate of iron.

8th. Recurrence of hemorrhage to same alarming extent as during previous day; os uteri dilated with fingers and placenta removed. During this operation, which occupied perhaps twenty minutes, the patient had slight convulsive attacks, with loss of consciousness, every few minutes, and the prognosis seemed most unfavourable; but the placenta being removed, the hemorrhage ceased, and she finally recovered under stimulants and tonics.